

## **Brazos Athletic Booster Club Scholarship Guidelines**

### Overview:

The following guidelines were established to address all aspects of the annual scholarships to be presented by the Brazos Athletic Booster Club. To provide a consistent evaluation process, all criteria and deadlines will be strictly adhered to.

### Award:

The Brazos Athletic Booster Club will consider scholarships for all seniors meeting the established criteria. Each qualified applicant may be awarded an amount commensurate to their participation in high school athletics. All scholarship recipients will be announced at the year-end Athletic Banquet.

### Scholarship Criteria:

Applicants must meet each of the following criteria to qualify:

1. Be a graduating senior student at Brazos High School.
2. Have maintained an 80 plus average for senior year (transcript to be included with application).
3. Have plans to obtain college or vocational degree
4. Have completed each sport participated in throughout high school.
5. Complete an essay of a minimum of 500 words on the topic specified at application process.
6. Provide a letter of recommendation from a current Brazos ISD employee (teacher or sponsor) other than a coach.

**The Deadline for the completed application is April 28th.** All completed applications must be turned into the Brazos High School Counselor by 4pm. No applications will be accepted after this time.

All scholarship winners will be responsible for showing proof of enrollment or a canceled check made out to a college or vocations school no later than one year from the date of graduation to receive the award. Any remaining scholarship funds not requested by the scholarship recipient prior to one year from the date of graduation will be forfeit.

Mail your enrollment document with instructions on where to send the funds to:

BABC-Scholarship  
PO Box 326  
Wallis, TX 77485  
brazosabc@gmail.com

## Brazos Athletic Booster Club Scholarship Application Form

Instructions: Please refer to the Scholarship Guidelines page, accompanying this sheet, for rules governing the Brazos Athletic Booster Club Scholarship. Remember that the application is not complete unless this form, with all the information given, is received with the required essay and letter of recommendation. Additionally, all complete applications are to be turned in to the Brazos High School Counselor, no later than April 28th at 4:00 pm.

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Sports: Check each sport you <b>completed</b> *	Freshman Year	Sophomore Year	Junior Year	Senior Year
Cheerleading				
Cross Country				
Football				
Volleyball				
Basketball				
Powerlifting				
Baseball				
Softball				
Track				
Tennis				
Golf				

\*Completed means the athlete remained eligible, was not suspended from, and did not quit the sport.

Number of Completed Sports played throughout 4-year high school career: \_\_\_\_\_

Were you a STATE QUALIFIER in any sports during your 4-year high school career? If so, please specify which sports and which years:

\_\_\_\_\_

\_\_\_\_\_

GPA \_\_\_\_\_ (Include first semester transcript from Senior year.)

College or vocational school you plan to attend: \_\_\_\_\_

Enrollment Status at College or Vocational School:  ACCEPTED  APPLIED/PENDING

Along with the first page of the Application Form, please also include:

- 1) Letter or recommendation from a current Brazos ISD employee, such as a teacher or sponsor, other than a coach.
- 2) Scholarship essay with a minimum of 500 words addressing this statement "What has participating in Brazos Athletics meant to you and why do you think you deserve a Brazos Athletic Booster Club scholarship?"
- 3) First semester transcript from Senior year.

I have read the Scholarship Guidelines for the Brazos Athletic Booster Club Scholarship. I verify that all the information given with this application is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

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**\*\*FOR VERIFICATION PURPOSES ONLY\*\***

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
BHS Counselor Signature

\_\_\_\_\_  
BABC Officer

\_\_\_\_\_  
Date of Scholarship Decision

Qualified Recipient:                       YES     NO

Amount of Scholarship Earned:        \$ \_\_\_\_\_

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**\*\*SCHOLARSHIP REDEMPTION TRACKING\*\***

Amount Redeemed \$ \_\_\_\_\_ Date Redeemed \_\_\_\_\_ Remaining Balance \$ \_\_\_\_\_

BABC Officer: \_\_\_\_\_

Amount Redeemed \$ \_\_\_\_\_ Date Redeemed \_\_\_\_\_ Remaining Balance \$ \_\_\_\_\_

BABC Officer: \_\_\_\_\_