



Chamber of Commerce

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"GATEWAY TO AUSTIN COUNTY"

Mr. / Miss _____
First Middle Last

Mailing Address _____
Street City County State Zip

DOB ____/____/____ Phone _____ Cell _____

Name & Address listed above is of _____ Parent(s) _____ Guardian(s)

Total in High School Graduating Class _____ Approximate Rank _____ GPA _____

COLLEGE MAJOR _____ MINOR _____

COLLEGE YOU WILL BE ATTENDING _____

IF NOT ATTENDING COLLEGE, WHAT TRADE SCHOOL WILL YOU ATTEND? ACT _____ SAT _____

LIST ANY SCHOLARSHIPS YOU HAVE RECEIVED AND AMOUNTS _____
(Use back of form if you need more room)

PLEASE ATTACH THE FOLLOWING:

Extra-curricular, honors and community activities or projects you have been involved in during high school.
Transcript of grades, and statement explaining why you are applying for this scholarship. **To the best of my knowledge, the information above is complete and correct.**

Date _____ Signature _____

**Complete form and return to Lisa Kanak at Brazos ISD office no later than 12:00 noon on
Wednesday, May 1, 2024.**

Disbursement of Scholarship Funds will be issued on December 16, 2024.