



Texas Gulf Coast Superintendents Association

TGCSA Scholarship Application

Name _____

Student ID # or Social Security # _____ Birth Date _____

Home Address _____

Mailing Address _____

Telephone _____ Cell _____

E-mail address _____

Parents names _____

High School Attended _____

Year Graduated _____ Rank or GPA _____

Honors/Awards _____

Clubs or activities participated in or offices held _____

College attending _____

Address _____

Date Entered _____ Expected Graduation Date _____

Major/Minor _____

Accumulated GPA _____ GPA last semester _____

Accumulated Hours _____

Extracurricular College Activities _____

Other Training/Education _____

List any Scholarships/Grants/Loans awarded or receiving _____

Type _____ Amount per Year _____

Type _____ Amount per Year _____

Let us know about your activities outside of school/college (clubs, organizations, community, etc.)

List any work experience. _____

Describe where you plan to be both professionally and personally five (5) years from now.

If desired, share any other information you'd like us to know about you.

Use back side or attach another page if you need more room.

