

TEXAS Business Professionals of America
SCHOLARSHIP APPLICATION
SCHOOL YEAR 2016-2017



Area: _____ Region: _____

APPLICATION DEADLINE IS: January 20, 2016 by 11:59 p.m. (Central)

Must type into this form, no handwritten forms will be accepted.

Legal Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Student E-mail Address: _____

Home Telephone: _____ Cell Phone Number: _____

Expected Graduation Date: _____ School Name: _____

School Address: _____ City, State, Zip: _____

Number of Years in BPA: _____ Current State/National BPA Member: _____ YES _____ NO

Offices Held in BPA: _____

BPA Conferences Attended: _____

Emergency Contact Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact E-mail Address: _____

Home Telephone: _____ Cell Phone Number: _____

NAME AND ADDRESS OF POST-SECONDARY SCHOOL TO WHICH YOU ARE APPLYING:

School Name _____

School Address: _____ City, State, Zip: _____

WHAT IS THE COURSE OF STUDY YOU PLAN TO PURSUE IN A POST SECONDARY SCHOOL? (Be Specific)

Certification:

I hereby certify that all information provided in this application packet is true and complete.

(Applicant Signature)

All items should be saved as "One" combined PDF file in the order listed below and emailed to texasbpascholarshipsubmission@gmail.com. In the subject line, enter the last name and first name of the BPA member apply for the scholarship (e.g. LastName_FirstName). The file name for the combined PDF document should be titled the same.

1. Completed and typed application form (actual signature required)
2. Letter of Intent should include how BPA has made a difference in your life and address the letter to : Mrs. Brooke Martin, c/o Texas Business Professionals of America, BPA Scholarship Chair, 3651 Jakes Colony Rd., Seguin, TX 78155
3. Resume (Objective, Education, Work Experience (if applicable), BPA Activities, Community Service and Honors and Awards)
4. Academic Achievement Record Transcript (must include 1st semester of senior year, GPA, and rank)
5. Recommendation Letter from someone other than BPA Advisor (actual signature required)

Chapter Advisor:

I hereby nominate _____

Advisor Name: _____ Advisor Phone: _____

Advisor E-mail: _____

(Advisor Signature)

THE DEADLINE FOR CLAIMING A SCHOLARSHIP IF YOU ARE SELECTED IS January 19, 2018