

**BLUE BELL CREAMERIES
REGIONAL SCHOLARSHIP
APPLICATION FORM**

Step 1: Email completed application form to scholarships@texasfecla.org.

Step 2: **POSTMARKED BY MARCH 1**, mail the application form and all supporting documents identified on application form to Family, Career and Community Leaders of America, 6513 Circle S Road, Austin, Texas 78745.

Date: _____ County: _____

Full name of Applicant: _____ Male Female

Name you prefer to be called: _____

Date and Place of Birth: _____ Age: _____

Are you a citizen of the United States? Yes No

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Social Security Number: _____

Name of High School: _____

Address of School: _____

City: _____ Zip: _____ Phone: _____

Date of anticipated graduation: _____ Number in your graduating class: _____

Your rank: _____ Your scholastic grade average for four years? _____

(Scholastic average must be expressed either as a numerical percentage, such as 98%, or as a ratio including the scale on which it is based, such as 3.87/4.0 scale.)

What is your SAT score? _____ ACT score? _____ Date exam(s) were taken _____

(No application will be considered without SAT or ACT score.)

Have you applied for admissions to a Texas college or university? Yes No

Have you been accepted? Yes No

(You must have applied to a Texas college/university for admission in order to apply for this scholarship; you must attend such an institution to be eligible to receive the award. Applications will not be considered from those who will attend out of state schools.)

Name of college/university you expect to attend: _____

Date: _____ County: _____

FAMILY INFORMATION

Father's/Guardian Name _____ Age _____

Father's/Guardian Occupation _____

Place of Employment _____

Daytime phone number _____

College attended _____ Years _____ Degree Yes No

Mother's/Guardian Name _____ Age _____

Mother's/Guardian Occupation _____

Place of Employment _____

Daytime phone number _____

College attended _____ Years _____ Degree Yes No

Check the applicable blank:

I live at home with both parents

I live in a single parent household with my _____

Other; please explain if you live with a guardian, grandparent or have other arrangements:

If your parents are divorced, does your non-resident parent contribute to your support?

Yes. Amount per year \$ _____ No.

Comments _____

Number of Brothers: _____ Ages: _____

Number of sisters: _____ Ages: _____

Number of siblings presently in college: _____

ACADEMIC INFORMATION

Name of High School: _____

City: _____ Phone: _____

Date of anticipated graduation: _____ Number in your graduating class: _____

Your rank: _____ Are you class valedictorian? Yes No Salutatorian? Yes No

Your scholastic average for four years? _____

(Scholastic average must be expressed either as a numerical percentage, such as 98%, or as a ratio including the scale on which it is based, such as 3.87/4.0 scale. A copy of the school's grading system or a letter from a school official explaining the scale or grading system must accompany this application.)

Were you in honors or advanced classes? Yes No

If answer is "yes," please list these courses in space provided:

Have you applied for admission to a Texas college or university? Yes No

Have you been accepted? Yes No

(You must have applied to a Texas college/university for admission in order to apply for this scholarship; you must attend such an institution to be eligible to receive the award. Applications will not be considered from those who will attend out of state schools.)

List name (s) of institution(s) to which you have applied for admission:

What is your SAT score? _____ ACT score? _____

Date exam(s) were taken: _____

(No application will be considered without SAT or ACT score)

What is your planned major in college? _____

What is your planned career? _____

Have you qualified for any advanced placement? If so, list subjects and hours credited:

FCCLA

Are you a member of FCCLA? Yes No

Date(s) of membership (Month/Year): _____

Name of Chapter: _____

(The signature of your FCCLA Advisor on this application serves as verification of membership and dates.)

ACTIVITIES, HONORS, AWARDS

High School

In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition, please indicate years achieved. Example: National Honor Society - 1, 2, 3, 4.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

EXTRACURRICULAR ACTIVITIES

In the space below, please outline other clubs or activities in which you have participated, indicating any other awards, recognition or offices held in conjunction with them. For example, Interscholastic League competition, etc.

COMMUNITY ACTIVITIES

In the space below, please outline any other activities in which you participate, indicating any special recognition. For example, church/synagogue activities or community service projects you might have received.

FINANCIAL INFORMATION

Indicate approximate cost per semester at the college/university, which you will attend. Please indicate tuition, fees, books, housing, etc., as separate items.

Name of college/university _____

Tuition per semester hour _____ Fees per semester _____

Housing per semester _____ Live in Dormitory? Yes No

List any miscellaneous expenses you anticipate

Savings and cash available at start of college _____

How much financial assistance can you anticipate receiving from your parents, relatives or other sources per semester?

WORK INFORMATION

Please indicate any previous work history you may have, including jobs you have held throughout high school. Also, please detail how important it will be for you to work while in college and plans you have to secure employment while in college.

SCHOLARSHIP, GRANT, LOAN INFORMATION

Are you applying for other scholarships, grants or loans? Yes No

(If answer is "yes, " please list names, amounts, whether scholarship, grant or loan, and indicate if you have received confirmation of any other financial assistance. Indicate status as Pending, Confirmed or Rejected. You may attach an additional sheet if necessary.)

Name of Scholarship, Grant or Loan	Amount	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check the amount that best describes your family's annual gross income:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$60,000 |
| <input type="checkbox"/> \$10,001 to \$20,000 | <input type="checkbox"/> \$60,001 to \$70,000 |
| <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$70,001 to \$80,000 |
| <input type="checkbox"/> \$30,001 to \$40,000 | <input type="checkbox"/> \$80,001 to \$90,000 |
| <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$90,001 to \$100,000 and more |

Please list any specific reasons why you need financial assistance to attend school?

CERTIFICATION OF APPLICATION BY FCCLA ADVISOR AND SCHOOL OFFICIAL

We have examined this application and find the records to be true, accurate and complete. Furthermore, all required documentation is attached.

FCCLA Advisor _____ Date _____

High School Principal _____ Date _____

CERTIFICATION BY APPLICANT AND AUTHORIZATION FOR VERIFICATION

I hereby certify that the statements contained in this application are true, accurate and complete and that I presently meet all eligibility requirements set forth in this application. If selected to receive a FCCLA **Blue Bell Creameries** Scholarship, I understand that I am expected to attend the scholarship presentation, to enroll in a college or university within the State of Texas (**Note: Any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.**)

I hereby authorize any person, firm or entity to release to the Blue Bell Creameries, or their authorized representatives, information concerning the subject matter of the statements I have made in this application, including, but not limited to, information concerning my academic record, activities, honors and awards, citizenship or residency, and financial situation. A copy of this authorization is agreed by the undersigned to have the same effect and force as an original. Any person, firm or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____