



COLORADO COUNTY

SOIL AND WATER CONSERVATION DISTRICT #333

2209 A Walnut Street
Columbus, Texas 78934
979-732-2773 x 3
coloradocounty@Swcd.texas.gov

To Whom It May Concern:

I am sharing with you a scholarship application from Colorado County SWCD #333 for \$1,000.00, five hundred dollars each for the first two semesters of college or vocational school. The student must show proof of registration at their choice of college or vocational school, we will then issue a check to the student. All graduating students and home school seniors of Colorado County are eligible. The student must be a resident of Colorado County.

The Colorado County Soil & Water Conservation District #333 hopes to continue awarding this scholarship to a deserving senior each year. We hope you will encourage your students to apply.

The application is due in your School Counselor's Office by March 29, 2024. If you have any questions about the scholarship, please email the board at coloradocounty@swcd.texas.gov.

Sincerely,

Patrick Pavlu – Chairman
Colorado County SWCD #333

Colorado County Soil & Water Conservation District #333 Scholarship

APPLICATION FORM

This scholarship is open to all Colorado County High School Seniors and Home School Seniors

NAME: _____ **PHONE NUMBER:** _____

MAILING ADDRESS: _____

PARENTS NAME: _____

AGE: _____ **DATE OF BIRTH:** _____ **E-MAIL:** _____

HAVE YOU EVER PARTICIPATED IN OUR COLORING, POSTER OR ESSAY CONTEST? _____

LIST EXTRA-CURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED IN WHILE IN HIGH SCHOOL. INCLUDE CHURCH, COMMUNITY AND SCHOOL. NOTE ANY OFFICE OR LEADERSHIP HELD: Use additional page if needed. _____

LIST BOTH SUMMER EMPLOYMENT AND EMPLOYMENT DURING YOUR HIGH SCHOOL YEARS: _____

WHAT COURSE OF STUDY WILL YOU PURSUE IN COLLEGE OR VOCATIONAL SCHOOL? _____

WHAT PLANS DO YOU HAVE FOR A CAREER AFTER YOU FINISH COLLEGE OR VOCATIONAL SCHOOL? _____

GPA: _____

NUMBER IN CLASS: _____ **CLASS RANKING:** _____

WRITE A SHORT ESSAY ON "WHY I HAVE APPLIED FOR THIS SCHOLARSHIP".

A HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____