

# Schulenburg Campus

## Scholarship Application



### Applicant's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy  
Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

P.O. Box

\_\_\_\_\_ \_\_\_\_\_  
City State Zip Code

Name of High School: \_\_\_\_\_

G.P.A: \_\_\_\_\_ College Major: \_\_\_\_\_

Have you applied for Blinn College? \_\_\_\_\_ Blinn ID #    B00 \_\_\_\_\_

### Financial Information

Are you receiving other financial aid or scholarships for the upcoming academic year? \_\_\_\_\_

Have you applied for other Scholarships? \_\_\_\_\_ Have you filled out your FASFA? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Full time or part time \_\_\_\_\_

### Requirements for this local scholarship:

- You must take **most** classes on the Schulenburg campus.
- You must be advised and register by July 1, 2026.
- Students must be full-time student and have **graduated** from high school.
- You must write a thank you note(s) to the scholarship providers. Hand deliver the note to Becky Garlick (Schulenburg Campus) in an unsealed envelope.
- Please submit this application to Blinn College 100 Ranger Dr Schulenburg, TX 78956.