

GARVIN KENDRICK MEMORIAL SCHOLARSHIP

The Garvin Kendrick Memorial Scholarship will provide \$500.00 per semester for two semesters to a student who best meets the following criteria:

Residency: The applicant must reside in **Austin County**

Requirement: Must have participated in the **AUSTIN COUNTY YOUTH RODEO ASSOCIATION, AND A GRADUATING SENIOR for the school year August 2016 to June 2017**

Scholarship recipients must maintain a minimum grade point average ratio each semester of 2.0 on a 4.0 scale or equivalent.

Failure to comply or conform to the policies stated herein will be considered grounds for termination. Scholarship funds accepted by the recipient while in violation of stated policy must be repaid; in full immediately upon receiving notification. If hardship cases arise, which results in devaluation from stated policy, they will be considered and dealt with on an individual basis.

College Acceptance/Enrollment: The applicant must enroll or plan to enroll in either college or University within the confines of the State of Texas.

**Draw dates on the Scholarship are as follows:
1st Semester must be received by November 1st.
2nd Semester must be received by March 1st.
THE SCHOLARSHIP MUST BE DRAWN
WITHIN ONE YEAR FROM THE DATES OF
GRADUATING FROM HIGH SCHOOL.**

Essay: Applicant must include a typed essay of no more than two 8 ½”X11” sheets, double space, on your plans for the near future, need for the scholarship, use of the scholarship, and responsibility toward becoming an honorable member of your chosen profession and society in general. Applicant’s name and address must be typed in the upper right hand corner of the page.

Enrollment: The applicant must plan on taking a minimum of 9 semester hours.

Deadline Date: April 3, 2017

GARVIN KENDRICK MEMORIAL SCHOLARSHIP APPLICATION

(Please print or Type)

Date: _____ Social Security Number _____

Full Name of Applicant _____ M or F

Street Address _____

City _____ Zip _____

Home Phone () _____

Date of Birth _____ Age _____

Father's Name _____

Place of Employment _____

Daytime phone number () _____

Mother's Name _____

Place of Employment _____

Daytime phone number () _____

Number of years participated in ACYRA _____

The last year participated _____

What event did you participate in _____

Number of years participated in the last four years _____

What is your current preferred career choice(s)? _____

Financial Information

Name of College/University you plan on attending _____

Total value of scholarships already receive \$ _____

Please list the name and addresses of no more than three persons from whom you have attached recommendations. Of the three we need **one letter from the principal, and one from a teacher stating applicants respect to faculty and their respective education system.** Letters must indicate name and daytime phone numbers of person submitting recommendation.

1. _____

2. _____

3. _____

Academic Information

Name of High School _____ Phone _____

G.P.A. _____

Rank _____

Disclaimer: Committee has the right to decline any applicant based on years participated, last date participated or proof participation or GPA.

I hereby certify that the statements contained in this application are true, accurate, and complete.

Signature of Applicant

Date

**Please send all application to: Curtis Kendrick
10326 FM 1456
Bellville, Texas 77418
Phone number (979)885-8602**