

2020 HOLT-BOWSER SCHOLARSHIP APPLICATION

- 1. DEADLINE FOR APPLICATION IS JUNE 10, 2020. APPLICATIONS POSTMARKED AFTER JUNE 10, 2020 WILL NOT BE ELIGIBLE.**
2. Only complete applications will be considered. Please submit all required documents together:
 - a. Completed application
 - b. Official transcript from each post-secondary institution attended
 - c. Answer to essay question
 - d. Letter of recommendation
3. Applications will be accepted via email attachment at holtbowser.charity@outlook.com. Applications will also be accepted via mail at the address: *Attn: Holt-Bowser Scholarship Committee, 904 Dover Heights Trail, Mansfield, TX 76063*
4. Applicants will be notified by email on the status of their application.
5. Please direct any questions to: holtbowser.charity@outlook.com.
- 6. Winners will be requested to submit a photo, minimum 300dpi, for use on website and/or future materials.**

APPLICANT INFORMATION

Name:

Date of birth:

Email Address:

Mailing address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Gender (Please circle): M / F

PARENT/GUARDIAN INFO

Parent/Primary Guardian's Name:

Address:

City:

State:

ZIP Code:

Relationship:

Phone:

CHRISTIAN COLLEGE EDUCATION

Name of Institution:

Status (please check one): Currently Enrolled Admitted; Plan to Enroll

Anticipated Graduation Date:

City:

State:

Zip Code:

Major(s):

Minor(s):

List Any Academic Honors or Activities (clubs, groups, etc.):

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List Any Church or Community Activities:

PREVIOUS COLLEGE (IF APPLICABLE)

Name of Institution:

City:

State:

Zip Code:

Did You Graduate? (please circle one): Yes / No

Degree Type (if completed):

Major:

List Any Academic Honors or Activities (clubs, groups, etc.):

HIGH SCHOOL

Name of High School:

City:

State:

Year Graduated:

ESSAY QUESTION: WHY SHOULD YOU BE SELECTED TO RECEIVE THE HOLT-BOWSER SCHOLARSHIP?

- Essay must be submitted with your application.
- Essay should be a minimum of one page, not to exceed two pages.

LETTER OF REFERENCE

Please submit a typed letter of reference from someone in leadership or authority capacity (teacher, counselor, minister, supervisor)

SIGNATURES

I authorize the verification of the information provided on this form as to my consideration for the Holt-Bowser Scholarship.
I attest that the information presented in this application is true to the best of my knowledge.

Printed name of applicant:

Signature of applicant:

Date: