



BSA

**2017
BSA Family Scholarship
Application**

Section One

PERSONAL INFORMATION

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY: STATE:

ZIP CODE: PHONE NUMBER:

EMAIL ADDRESS:

DATE OF BIRTH:

HIGH SCHOOL:

APPLICANT PHOTO:



Section Two

EDUCATION

ELEMENTARY SCHOOL ATTENDED:

MIDDLE SCHOOL ATTENDED:

GPA: Rank in class:

SAT Composite: ACT Composite:

Section Three

PARENT/GUARDIAN INFORMATION

BSA PARENT/GUARDIAN NAME:

DEPARTMENT:

How many family members including you will be in college in the 2017-18 school year?

Section Four

ACTIVITIES INFORMATION

List the most notable community/volunteer activities & School related extra-curricular activities during grades 9-12:

ACTIVITY:

GRADE PARTICIPATED: 9TH 10TH 11TH 12TH

BRIEF DESCRIPTION OF YOUR ROLE:

ACTIVITY:

GRADE PARTICIPATED:

9TH

10TH

11TH

12TH

BRIEF DESCRIPTION OF YOUR ROLE:

ACTIVITY:

GRADE PARTICIPATED:

9TH

10TH

11TH

12TH

BRIEF DESCRIPTION OF YOUR ROLE:

Section Five

AWARDS AND HONORS INFORMATION ---

List special recognition, awards, and honors received during grade 9-12:

SPECIAL RECOGNITION, AWARD or

HONOR:

GRADE:

9TH

10TH

11TH

12TH

Group or Activity Sponsoring the

Recognition:

SPECIAL RECOGNITION, AWARD or

HONOR:

GRADE:

 9TH 10TH 11TH 12TH

Group or Activity Sponsoring the

Recognition:

Section Six

WORK EXPERIENCE

List and describe any work experience during high school:

Place(s) of Employment:

GRADE:

 9TH 10TH 11TH 12TH

Job Description:

Place(s) of Employment:

GRADE:

 9TH 10TH 11TH 12TH

Job Description:

Section Seven

COLLEGE/UNIVERSITY PLANS

What college do you plan to attend?

Have you applied?

Yes

No

Have you been admitted?

Yes

No

What is your proposed college major?

Do you plan to work while in college?

Yes

No

Application Essay: Chose one of the following essay prompts to write about. The essay length should be at least 500 words single-spaced. The essay should be saved as a **Microsoft Word** document.

- **Option #1:** What would you like to do to change the world for the better?
- **Option #2:** Recount an incident or time when you experienced failure. How did it affect you and what lessons did you learn?

Section Eight

SIGNATURES

Student's Signature

Parent's Signature

Date

Once the application is complete, click "save as", rename the file as "yourname.cocform.pdf", and email or mail your application form, essay and transcript to:

DeLynn Steele at

delynn.steele@bsahs.org

Or

BSA Health System
Attn: Organizational Development
DeLynn Steele
1600 Wallace Blvd.
Amarillo, Texas 79106