



BSA

2019 BSA Family Scholarship Application

Section One

PERSONAL INFORMATION

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY: STATE:

ZIP CODE: PHONE NUMBER:

EMAIL ADDRESS:

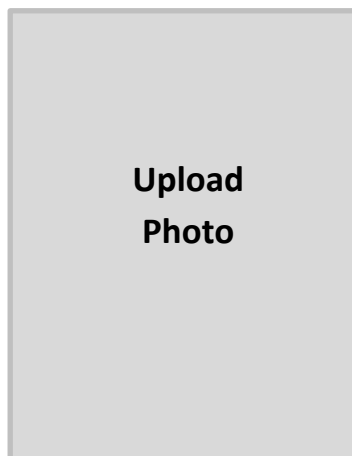
DATE OF BIRTH:

HIGH SCHOOL:

PARENT/GUARDIAN EMPLOYED BY BSA:

PARENT/GUARDIAN DEPARTMENT:

APPLICANT Photo:



Section Two

EDUCATION

ELEMENTARY SCHOOL ATTENDED:

MIDDLE SCHOOL ATTENDED:

GPA:

Rank in class:

SAT Composite:

ACT Composite:

Section Three

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 Four

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 Five

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 Six

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 must 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 Seven

SIGNATURES

Student's Signature

Parent's Signature

Date

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

Madison O'Neill at
madison.oneill@bsahs.org

Or

BSA Health System
Attn: Organizational Development
Madison O'Neill
1600 Wallace Blvd.
Amarillo, Texas 79106