

**Texas Business Professionals of America**

**SCHOLARSHIP APPLICATION**

**SCHOOL YEAR 2018-2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area:** |  | **Region:** |  |

**APPLICATION DEADLINE IS**: **January 18, 2019** **by 11:59 p.m. (Central)**

**Must type into this form, no handwritten forms will be accepted.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Legal Name: |  | | | | | | | Address: | |  | | | | | | | |
| City: |  | | | | | | | | State: | |  | | | Zip: |  | | |
| Student E-mail Address: | | | | |  | | | | | | | | | | | | |
| Home Telephone: | |  | | | | | | | Cell Phone Number: | | | |  | | | | |
| Expected Graduation Date: | | |  | | | | | | School Name: | | |  | | | | | |
| School Address: | | | |  | | | | | City, State, Zip: | | |  | | | | | |
| Number of Years in BPA: | | | | | |  | Current BPA Membership ID Number: | | | | |  | | | |  |
| Offices Held in BPA (Include local, regional, state and national): | | | |  | | | | | | | | | | | | | |
| BPA Conferences Attended: | | |  | | | | | | | | | | | | | | |
| Emergency Contact Information Name: |  | | | | | | | Address: | |  | | | | | | | |
| City: |  | | | | | | | | State: | |  | | | Zip: |  | | |
| Contact E-mail Address: | | | | |  | | | | | | | | | | | | |
| Home Telephone: | |  | | | | | | | Cell Phone Number: | | | |  | | | | |

**NAME AND ADDRESS OF POST-SECONDARY SCHOOL TO WHICH YOU ARE APPLYING:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name |  | | | |
| School Address: | |  | City, State, Zip: |  |

**WHAT IS THE COURSE OF STUDY YOU PLAN TO PURSUE IN A POST SECONDARY SCHOOL? (Be Specific)**

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|  |

**Certification:**

I hereby certify that all information provided in this application packet is true and complete.

**(Applicant Signature)**

**All items should be saved as “One” combined PDF file in the order listed below and emailed to** [**texasbpascholarshipsubmission@gmail.com**](mailto:tx.bpa.scholarships@gmail.com)**. In the subject line, enter the last name and first name of the BPA member applying for the scholarship (e.g. LastName\_FirstName). If instructions are not followed, application will not be considered. The file name for the combined PDF document should be titled the same.**

1. Completed and typed application form (actual signature required)
2. Letter of Intent (Limit to 1 Page) should include how BPA has made a difference in your life. Address the letter to:

Mr. Danny Lopez, c/o Texas Business Professionals of America, BPA Scholarship Chair, 3651 Jakes Colony Rd., Seguin, TX 78155

1. Resume (Limit to 1 Page) (Objective, Education, Work Experience (if applicable), BPA Activities, Community Service and Honors and Awards)
2. Academic Achievement Record Transcript (must include 1st semester of senior year, GPA, and rank)
3. Recommendation Letter from someone other than BPA Advisor (actual signature required)

**Chapter Advisor Nomination:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I hereby nominate |  | | BPA Chapter Name: | . | | |
| Advisor Name: | |  | | | Advisor Phone: |  | |
| Advisor E-mail: | |  | | | | | |

**(Advisor Signature**)

**THE DEADLINE FOR CLAIMING A SCHOLARSHIP IF YOU ARE SELECTED IS January 17, 2020**