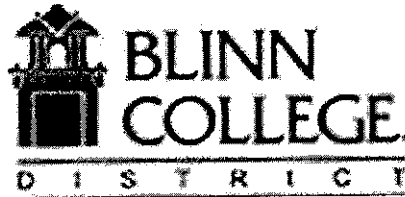


Schulenburg Campus

Scholarship Application



Applicant's Information

Last Name: _____ First Name: _____ MI: _____

Date Of Birth: ____/____/____ Phone Number: _____
mm dd yyyy

Address: _____
Street P.O. Box

City State Zip Code

Name of High School: _____

G.P.A: _____ College Major: _____

Have you applied for Blinn College? _____ Blinn ID # B00

Financial Information

Are you receiving other financial aid or scholarships for the upcoming academic year? _____

Have you applied for other Scholarships? _____ Have you filled out your FASFA? _____

If no, why not? _____

Are you currently employed? _____ Full time or part time _____

Requirements for this local scholarship:

- You must take **most** classes on the Schulenburg campus.
- You must be advised and register by July 1, 2026.
- Students must be full-time student and have **graduated** from high school.
- You must write a thank you note(s) to the scholarship providers. Hand deliver the note to Becky Garlick (Schulenburg Campus) in an unsealed envelope.
- **Please submit this application to Blinn College 100 Ranger Dr Schulenburg, TX 78956.**