



Smokin' on the Rio, Inc.
Scholarship Application

Submit to: Scholarship Committee
P.O. Box 1379 ~ Weslaco, Texas 78599
Applications due February 1st

Rev. 1/2018

Applicant Information

Applicant Name : _____

Home Address: _____ City & Zip: _____

Cell Phone: _____ Social Security (Last 5 digits): _____

Email: _____ Age: _____ DOB: _____

High School: _____

Family Information

Parents'/Guardians' Names: _____

Address: _____ City & Zip: _____

Occupation: _____
(Father's Occupation) (Mother's Occupation)

Siblings: # of brothers _____ Ages: _____ # of sisters: _____ Ages: _____

Any brothers/sisters currently enrolled in college? Yes. How many? _____ No

College / Career Information

Type of degree (select only one): 4-Year College (Bachelor's degree) Vocational College (2-Year degree/cert.)

Have you applied for admission to any colleges/universities? Yes No

If Yes, where? _____

Have you been accepted for admission to a college/university? Yes No

If Yes, where? _____

What is your expected Major (Field of Study)? _____

What is your expected Career? _____

Other Information

Have you or your parents/guardians participated in Smokin' on the Rio? Yes No

How? _____

Have you been involved in: 4-H If Yes, # of years _____ FFA If Yes, # of years _____ Neither 4-H or FFA

Name of Club/Chapter: _____

Extracurricular Activities

Community Service Activities

Special Honors & Awards

Support of Smokin' on the Rio

Please describe how you have helped with Smokin' on the Rio's annual events. Include years and how you helped.

Scholarship Essay

In your own words, state why you believe Smokin' On the Rio should award you this scholarship.

Teacher/Administrator Statement

(Teacher/Administrator Signature) _____ (Date)

Academic Records

Applicant's Name: _____ Expected Graduation Date: _____

SAT Score: _____ ACT Score: _____ GPA: _____ Class Rank: _____ out of _____
(M, R, & W) (Composite) (Weighted)

*** An Official HIGH SCHOOL TRANSCRIPT must be attached with this application that verifies the scores, GPA, and other academic information provided above.**

(Counselor Signature) _____ (Date)

Applicant Certification

I (we) have reviewed this application and find the information herein to be true and accurate. I acknowledge that any inaccurate or representation of information on this application may affect its consideration for a scholarship.

(Applicant's Signature) _____ (Date)

(Parent/Guardian Signature) _____ (Date)