

### **Home Builders Association of San Angelo**

Instructions and Checklist for Completing Scholarship Application

Two (2) \$1,000 scholarships will be awarded by the Home Builders Association of San Angelo (HBASA) to two (2) deserving high school seniors, or equivalent. Scholarship checks will be sent directly to the designated school after verification of enrollment.

#### **ELIGIBILITY CRITERIA:**

- 1. The applicant must be a US citizen and planning to enroll in an institute of high learning (i.e., university, community college or vocational school) no later than September 1, 2023.
- 2. The applicant must be directly affiliated with an HBASA member in good standing, either as a family member or an employee. Preference will be given to the immediate family of **active** HBASA members.

#### **APPLICATION REQUIREMENTS:**

The attached scholarship application must be completed by the student, handwritten or typed, and must be received by the HBASA no later than 4:00 pm on April 14, 2023. *Incomplete applications will not be considered.* Below is a list of all necessary requirements:

HBASA Scholarship Application, signed by applicant & current HBASA member sponso		
Current High School Transcript		
SAT and/or ACT Score Sheets (if both have been taken)		
At Least Two (2) Letters of Recommendation  One (1) Academic Recommendation  One (1) Personal Recommendation		
Drop off or Mail Original Application with Attachments by 5:00 p.m. on April 14, 2023 to:		
Home Builders Association of San Angelo Attn: Scholarships 4172 S. Jackson San Angelo, TX 76903		

Please contact the HBA office with any questions, (325) 949-0140 or info@hbasa.com.



# Home Builders Association of San Angelo SCHOLARSHIP APPLICATION

Instructions: *Please type or print legibly in ink.* Do not omit any information. Fill in all spaces. If any item is not applicable, indicate by "N/A". Attach additional sheets where necessary.

#### A. STUDENT INFORMATION

Applicant's Last Name		First Name	Mic	Middle Name	
Addr	ress: Street	City	Sta	State, Zip	
() Phone Number		E-mail Address			
Date	// e of Birth				
Curr	ent High School	// Date of HS Graduation	on		
Which college(s) and/or school(s) do you plan		o you plan to attend?	Applied?	Accepted?	
(1)			_ 🗆		
	Name of School	City, State			
(2)			_ 🗆		
	Name of School	City, State			
(3)					
	Name of School	City, State			
Majo	or or intended course of study:_				

#### **B. HIGH SCHOOL INFORMATION**

Number in graduating class:	Current Class Rank:
Grade Point Average in High School (Cumulative):	
Number of Advanced Placement Classes Taken in H	ligh School:
Number of Pre-AP/Honors Classes Taken in High So	chool:
Number of Dual Credit Courses Taken in High School	ol:
Number of College Hours Accumulated During High	School:
SAT Score: ACT Score:	
C. EXTRACURRICULAR, PERSONA	AL, AND VOLUNTEER ACTIVITIES
List any academic and/or other extracurricular school honors and awards:	activities in which you have participated, including
List any work experience and/or jobs you have held:	
List any community service and volunteer activities in	n which you have participated:
	<del></del>

D. SELF-EVALUATION						
Briefly tell about yourself and how receiving this scholarship could help you achieve your academic an career goals.						
-						
To be comple:	<b>E. MEMBI</b> ted by the HBASA member	ER CERTIFICATION	or snonsoring applicant			
To be dellipie	ted by the Fibrici (member	wite to recommending and	or openioring applicant.			
Member's Name		Member Company	·····			
		Member Company				
()_ Phone Number		E-mail Address				
Relationship:	☐ Parent	☐ Step-Parent	☐ Grandparent			
	☐ Supervisor	Other	· · · · · · · · · · · · · · · · · · ·			
Date	Member's Signat	ture				

#### F. SIGNATURES

## PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN AND DATE THE APPLICATION

I hereby certify the above is true and correct to the best of my knowledge, and permission is given to verify the information contained in this application. In the event it is discovered that any part of this application is falsified or not original, I agree to refund any monies that may have been awarded. I hereby authorize the HBASA to receive high school transcript copies and I give the Home Builders Association of San Angelo permission to use my name in any release of information to the media for public relations purposes.

Date	Student Signature
Date	Parent/Guardian Signature

Return the completed application with attachments to: HBASA

**Scholarship Applications** 

4172 S. Jackson

San Angelo, TX 76903

By: 4:00 p.m. on April 14, 2023