

# Cotton Community Partnership

## Scholarship Application

**Deadline: April 30, 2024**

ALL APPLICABLE BLANKS MUST BE FILLED IN. APPLICANTS WHO FAIL TO FILL OUT ALL BLANKS WILL NOT BE CONSIDERED. Applicants must be Robstown Early College High School current graduating seniors or hold a GED certificate. Consideration will be given to students who have volunteered in a Cotton Community Partnership event (Cottonfest, Winter Wonderland, etc.)

Type or Print

**PERSONAL DATA** (All Required Fields; if not applicable specify N/A.)

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Total number of children living in household \_\_\_\_\_ attending college \_\_\_\_\_

**EDUCATION** (All Required Fields; if not applicable specify N/A.)

High School currently attending \_\_\_\_\_

College or University attending/will attend \_\_\_\_\_

Degrees Seeking \_\_\_\_\_

High School Grade Point Average \_\_\_\_\_

Rank in Class \_\_\_\_\_ out of \_\_\_\_\_

(Submit a copy of a current High School transcript through *fall semester* of senior year)

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PLEASE COMPLETE THE FOLLOWING ESSAYS WITH A BRIEF ANSWER (limit these answers to 500 words or less each):

1. List two major achievements (school, work, and/or external activities). Tell why they are important to you and what you did to achieve them.
2. Describe the approved Cotton Community Partnership event you volunteered at, if any, along with dates and volunteer activities conducted.
3. List your most significant honors, awards, and/or leadership recognitions.
4. Describe the field of study you are pursuing and why you are committed to studying and working in this field.
5. What special barriers, if any, have you faced in furthering your education?

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I certify the above information is true, correct and complete to the best of my knowledge. Any false information will disqualify my application. I authorize the Scholarship Committee to verify any of this information and also give permission for COTTON COMMUNITY PARTNERSHIP to use a photograph and any information for publicity and/or promotion of the Scholarship Program.

I agree to release and hold harmless the aforementioned parties. A parent or guardian must sign if applicant is not 18 years of age; the application will not be considered if it is not signed properly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_

# Cotton Community Partnership

**CHECKLIST:**

All blanks must be filled in. APPLICANTS WHO FAIL TO FILL OUT ALL BLANKS WILL NOT BE CONSIDERED. All required documentation must be received in our offices by **April 30, 2024**. No exceptions to the deadline will be accepted. No faxes allowed. For any questions email [cottoncommunitypartnership@yahoo.com](mailto:cottoncommunitypartnership@yahoo.com) or contact Amanda Soto at 361.933.5215

A completed scholarship packet must include the following items:

- \_\_\_ Completed, signed and dated application.
- \_\_\_ Transcript
- \_\_\_ Essays

**SUBMISSION INSTRUCTIONS:**

*Mail to:*

Attn: Cotton Community Partnership Scholarship Committee  
101 E. Main Avenue  
Robstown, Texas 78380

*Or scan and email completed application to:*

[cottoncommunitypartnership@yahoo.com](mailto:cottoncommunitypartnership@yahoo.com)

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How did you hear about this scholarship?

- \_\_\_ Website/Social Media
- \_\_\_ Newsletter
- \_\_\_ School Counselor or School Website
- \_\_\_ Previous Applicant
- \_\_\_ Previous Recipient
- \_\_\_ Family Member
- \_\_\_ Other: \_\_\_\_\_