

SOUTH TEXAS TRAIL RIDERS
COLLEGE SCHOLARSHIP APPLICATION

Full Name _____

Last First Middle

SSN# _____

Mailing Address _____

Street or Box No. City State Zip

Home Telephone ____ (____) _____

Other Telephone ____ (____) _____

High School Name and Location _____

High School Graduation Date _____

Activities and Offices During High School

Name of Degree You Plan to Pursue

Name of University or College You Plan to Attend

STTR Member Since _____ (Date)

Activities or Offices Held With STTR (SPECIFY DATES)

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE _____

DATE _____

(STTR use only)

Date Rec by STTR: _____

Transcript: Yes No / Essay: Yes No / Number _____