



General Scholarship Application

In addition to this application, students are asked to submit the following:

1. Two letters of recommendation.
2. Entering freshmen and students who have completed less than 30 hours of college credit need to provide a copy of their high school transcript and a copy of their ACT or SAT scores.
3. Students who have completed at least 12 hours of college credit need to provide an official transcript from each college attended which includes grades from the most recent semester completed.
4. One billfold size picture.

Students must be enrolled on a full-time basis—12 credit hours for undergraduates or six credit hours for graduates—to be eligible and must have a minimum grade point average of 2.50.

Applications should be returned by **April 1** of each year to:

Opportunity Plan, Inc.
P.O. Box 1035
Canyon, Texas 79015
(806) 655-2528
Fax: (806) 655-9513
info@opportunityplan.com
www.opportunityplan.com

Opportunity Plan, Inc. General Scholarship Application

Name _____ Social Security # _____

Permanent Address _____ Phone _____
Street or Box City State Zip

Applicant's Address at School _____ Phone _____
Street or Box City State Zip

Applicant's e-mail address _____

* Date of Birth _____

* Applicant's Marital Status _____
_____ Never Married
_____ Married
_____ Separated
_____ Divorced
_____ Widow(er)

* Applicant's Ethnic Group _____
_____ African American
_____ American Indian
_____ Asian
_____ Caucasian
_____ Hispanic
_____ Other

* Names and ages of dependent children _____
How many in college _____

* Names and ages of brothers and sisters _____
How many in college _____

**Indicates Voluntary Field - This information will not be used in a discriminatory manner.*

Institution applicant is attending or plans to attend _____

Have you been accepted? _____ Major _____
Expected college graduation date _____

Applicant plans to live:
_____ on campus
_____ off campus

Classification: _____ Freshman _____ Sophomore _____ Junior
_____ Senior _____ Graduate School _____ Other

Total Credit Hours Completed: _____ Grade Point Average: _____

U.S. Citizen or National? ___yes ___ no Texas resident? _____ Yes _____ no

If single, please complete Section A. If married, please complete Section B.

SECTION A:

Father's name _____ Occupation _____

Father's address _____ Phone _____
Street or Box City State Zip

Mother's name _____ Occupation _____

Mother's address _____ Phone _____
Street or Box City State Zip

SECTION B:

Spouse's name _____ Social Security # _____

Spouse's occupation _____ Annual Salary \$ _____

Will you be employed while in college? ___ yes ___ no

Employer: _____ Occupation _____

Number of hours worked per week _____ Salary \$ _____ per hour ___ annual ___
(Check which applies)

Name and location of hometown newspaper _____

May we use your name for publicity purposes on our website, in newsletters, etc.? ___ yes ___ no

Who referred you to Opportunity Plan, Inc.? _____

***Students with fewer than 30 college semester credit hours
or recent high school graduates, please complete Section C.***

SECTION C:

High school attending/attended _____ Graduation date _____

Number in graduating class _____ Rank in class _____

ACT score: _____ Composite SAT score: _____ Math _____ Writing
_____ Critical Reasoning _____ Total

SECTION D:

**List community activities, church activities, and school related extra-curricular activities during
grades 9-12 and/or college and "x" the time periods
in which applicant was involved.**

| Activities | 9 th | 10 th | 11 th | 12 th | college | Officer, member, etc. |
|------------|-----------------|------------------|------------------|------------------|---------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**List special recognition, awards, and honors received during
grades 9-12 and/or college and "x" the time periods
in which award was received.**

| Recognition, honors, awards | 9 th | 10 th | 11 th | 12 th | college | Group sponsoring award |
|--------------------------------|-----------------|------------------|------------------|------------------|---------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Statement of Financial Need

Since the element of financial need can be one of the determining factors used by the Scholarship Committee in selecting the recipients, it is important that complete and accurate information be supplied in the space below concerning your financial need for assistance in attending college. You are again reminded that all information, financial or otherwise, furnished to the committee is kept in the strictest confidence.

1. Please indicate your parents' combined income range, if you can be claimed as their dependent, according to most recent income tax returns. If married or not a dependent of your parents, please indicate your family's combined income range.

_____ \$0 - 25,000 _____ \$41,000 - 55,000 _____ \$71,000 - 100,000
_____ \$25,000 - 40,000 _____ \$56,000 - 70,000 _____ over \$100,000

2. Please list any other scholarships or grants that you will receive and the amount of each.

Are any of these renewable? _____

3. Other than your savings and your family's contributions, what other sources of college funds are available to you? (i.e. student loans, Texas Tomorrow Fund, federal Pell grants, trusts, insurance benefits, etc.)

\$ _____

4. Have you applied for federal financial aid by filing the Free Application for Federal Student Aid (FAFSA)? _____

Please explain how assistance from OPI will assist you in achieving your educational goals. Use only the space provided.

Please indicate in the blanks provided any sources of income you will have during the upcoming school year.

| Source of Income: | Amount: |
|---------------------------|-----------------|
| Parents | \$ _____ |
| Scholarships/Grants | \$ _____ |
| Student loans | \$ _____ |
| Work income | \$ _____ |
| Savings..... | \$ _____ |
| Other (describe) _____ | \$ _____ |
| TOTAL | \$ _____ |

Please indicate in the blanks provided all expenses which you will incur during the upcoming school year. Your institution's catalog should help you estimate these expenses.

| Expense: | Amount: |
|--|-----------------|
| Tuition and fees..... | \$ _____ |
| Books and supplies | \$ _____ |
| Room and Board (or apartment rent, utilities, groceries) | \$ _____ |
| Installment payments (car payment, insurance, etc.) | \$ _____ |
| Transportation expenses (gas, oil change, etc.)..... | \$ _____ |
| Personal expenses | \$ _____ |
| Other (describe) _____ | \$ _____ |
| TOTAL | \$ _____ |

Signature of Applicant

Date