

# TABC Scholarship Grant

## Application

Applicant's name

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Home address:

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City:

State:

Zip:

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Home phone:

Cell:

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Parents name (TABC member):

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High School:

Class of:

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Name of  
college/junior  
college/trade  
school

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For school year:

Major:

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Applicants shall submit a two page type written autobiography that includes a description of their most exciting fishing experience, or other sport experience.

On a separate page, applicants shall submit a description of volunteer activities, committees, leadership positions, awards, honors, job history, and community involvement.

By signing below the applicants attest that the above information is true and accurate to the best of their knowledge and that all of the qualifications pertaining to the TABC Scholarship Fund have been met. This is not a guarantee of approval. Any information obtained will be reviewed and taken into consideration during the review process. Decisions are based on the information received and decided by a majority vote of the TABC Board of Directors. TABC will not use race, religion, gender or any form of disability to affect its decision. All decisions are final; TABC, its members, Board of Directors, or affiliates are not to be held liable for the outcome of the awarding of the scholarship.

Applicant's signature

Date:

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