

Runnels SWCD Award

2025 Scholarship Application

Deadline: March 20, 2025 Award: Maximum Four (4) scholarships of \$500 each.

Criteria:

1. **Senior in Ballinger, Winters, Miles, and Olfen school districts. Limited to, one scholarship to each of the accredited public-school districts. Home schooled students to qualify within the school district in which they reside during the 2024-2025 academic year.**

2. **Demonstrated:**

- **Academic preparation** to attend college.
- **Ability to overcome obstacles** to achieve academic and personal goals.
- **Quality involvement** with others through work, school, family, community.

3. **Will be attending an accredited college, university, or trade school in the U.S.A.**

4. **Cumulative minimum 2.5 GPA**

Checklist for Application & Required Attachments:

PAPER CLIP ALL ITEMS TOGETHER - PLEASE NO STAPLES OR SEALED ENVELOPES (except for letters of recommendation)

- _ **Completed application form (four pages) **Students – keep this cover sheet!****
- _ **Personal essay – see Section D**
- _ **Copy of high school academic transcript with cumulative GPA for freshman through junior years**
- _ **Copy of Fall 2024 semester senior grades or AST Test (if not included on academic transcript)**
- _ **Two recommendation forms* - one completed by a current teacher & one by an adult affiliated with your activities outside the classroom (i.e., coach, club advisor, counselor, community leader, etc.)**

***Give your recommendation forms to your teacher & another adult.**

MAIL your application & attachments postmarked no later than 03/20/2025

to Runnels SWCD, P O Box 327, Ballinger, Tx 76821

OR

DELIVER your application & attachments arriving no later than 4:00pm 03/20/2025

to Runnels SWCD, 2000 Hutchings Avenue, Ballinger, TX 76821

Questions? Check with your counselor or call Runnels SWCD at (325) 365-3415 x 3.

Runnels SWCD Award

Scholarship Application

SECTION A: Personal Information

PRINT OR TYPE NEATLY

1) Name: _____
Last Name First Name Middle Name

2) Home Address: _____
Street # and name City Zip Code

3) Home Phone: _____ Cell phone: _____

4) Email address: _____
Print very neatly!

5) Social Security #: XXX / XX / _____ Age: _____

7) Date of Birth _____ / _____ / _____

8) Public high school you attend: _____

9) Are you a first-generation college student? _____ Yes _____ No
"First-generation" means your parents and your siblings have not attended a college or university.

SECTION B: College/University Information

1) Do you plan to attend a four-year college/university for Fall 2025 and enroll as a full-time college student? _____ Yes _____ No If no, you may be ineligible to receive a scholarship. Talk with your counselor/advisor.

2) List your top choices of four-year colleges/universities to which you've applied for Fall 2025:

(a) _____
Name City State

(b) _____
Name City State

(c) _____
Name City State

3) What major(s) are you interested in? _____

4) What professions/careers are you interested in? _____

Runnels SWCD Scholarship
Student Name: _____

SECTION C: Activities and Employment*Please use only the space provided for your answers*

1) Academic and Extracurricular Activities - list up to three activities you are/were involved in. Briefly describe responsibilities and explain why these activities are/were important/valuable to you.

a)

b)

c)

2) Employment - please list the last three jobs that you have held, indicating (P) paid or (V) volunteer, starting with your most recent employment. If you have not yet worked or volunteered, please explain.

Dates

Employer

Responsibilities and number of hours per week

a)

b)

c)

SECTION D: Personal Essay*Follow these directions carefully*

Write a personal essay in which you tell us about yourself. Why is the field of Agriculture important to you? What is important for us to know about you? What have you learned through agriculture? How have you changed? Who or what helped you?

Type your essay, maximum 2 pages, font size 12, margins 3/4 inch (.75) and double-spaced.

Runnels SWCD Scholarship

Student Name: _____

SECTION E: Authorization and Certification

Both signatures are required

Please read and sign below.

I certify that all of the information submitted with my application is true and complete to the best of my knowledge. If asked by an authorized official of the Runnels SWCD, I agree to provide proof of the information I have given. I understand that the inclusion of any false or misleading information, or the exclusion of requested information, will result in the removal of my application from consideration for any award and will necessitate the repayment of any award I do receive. Moreover, I pledge to use the proceeds from any award for tuition, room and board, books or other expenses directly related to my college education. Use of the proceeds for purposes unrelated to my college education will result in a revocation of award and will necessitate the repayment to Runnels SWCD of any funds I have received.

Permission is hereby given to high school, college/university, federal, state or county officials to release to Runnels SWCD any information concerning my financial aid, academic and personal circumstances related to my application.

Permission is hereby given to Runnels SWCD to use the information in my application for publicity and media purposes, although the candidates' and their families' privacy will be respected.

I understand I must supply all follow-up information by the date requested. I have read the application instructions. I am aware that incomplete or missing information on my application will jeopardize consideration for this Award.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

SECTION F: High School Counselor's Verification

My signature below verifies this student attends our high school or program.

Counselor's Signature

Name of High School

Counselor's Phone Number

Counselor's Email – please include and print neatly!

Questions? Call Runnels SWCD at (325) 365-3415 x 3.

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Runnels SWCD Scholarship

Student Name: _____

RECOMMENDATION FORM - TEACHER
to be completed by a teacher who knows the student well

Student: give this form to your teacher.

Teacher: Thank you for taking the time to recommend this student for a college scholarship. Please complete Sections 1, 2, & 3 below. Return this form to the student in a sealed envelope with your signature across the back seal. Print the student's name on the front of the envelope. The student must submit your recommendation form along with a completed award application by **March 20, 2025**. Questions? Please call Runnels SWCD at (325) 365-3415 x 3.

PLEASE TYPE OR PRINT YOUR RESPONSES

Student Name: _____

Your Name _____ Position _____

School/Organization _____

Phone () _____ Email _____

Your Signature: _____ Date: _____

1. How long have you known the student? _____ year(s) _____ months.

Under what circumstances? _____

2. Based on your knowledge of the student, check how you rate his/her academic skills and potential to succeed in college:

	Outstanding	Above Average	Average	Needs Improvement
Academic achievement to date	_____	_____	_____	_____
Writing skills	_____	_____	_____	_____
Reading skills	_____	_____	_____	_____
Math skills	_____	_____	_____	_____
Academic potential	_____	_____	_____	_____

3. Check how you rate the student's characteristics and motivation.

	Strongly Agree	Agree	Somewhat Agree	Disagree
Has positive self-image	_____	_____	_____	_____
Demonstrates leadership capability	_____	_____	_____	_____
Self-starter, has intellectual curiosity	_____	_____	_____	_____
Is highly motivated	_____	_____	_____	_____
Is resilient, tolerant of disappointments	_____	_____	_____	_____
Able to ask for help	_____	_____	_____	_____
Takes responsibility for own actions	_____	_____	_____	_____
Able to build own support network	_____	_____	_____	_____

2025 RECOMMENDATION FORM - OTHER ADULT

to be completed by an adult (not a relative) who knows the applicant well outside the classroom
(coach, club advisor, counselor, church, or community leader, etc.)

Student: give this form to your "recommender".

Recommender: Thank you for taking the time to recommend this individual for a college scholarship. Please complete Sections 1 & 2 below. Return this form to the applicant in a sealed envelope with your signature across the back seal. Print the applicant's name on the front of the envelope. The student must submit your recommendation form along with a completed award application by **March 20, 2025**. Questions? Please call Runnels SWCD at (325) 365-3415 x 3.

PLEASE TYPE OR PRINT YOUR RESPONSES VERY NEATLY

Student Name: _____

Your Name _____ Position _____

School/Organization _____

Phone () _____ Email _____

Your Signature: _____ Date: _____

1. How long have you known the applicant? _____ year(s) _____ months.

Under what circumstances? _____

2. Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Somewhat Agree	Disagree
Has positive self-image	_____	_____	_____	_____
Demonstrates leadership capability	_____	_____	_____	_____
Self-starter, has intellectual curiosity	_____	_____	_____	_____
Is highly motivated	_____	_____	_____	_____
Is resilient, tolerant of disappointments	_____	_____	_____	_____
Able to ask for help	_____	_____	_____	_____
Takes responsibility for own actions	_____	_____	_____	_____
Able to build own support network	_____	_____	_____	_____