



## 2025 Scholarship Application

Smith County Area Go Texan

P.O. Box 94

Troup, TX 75789

[scholarship@smithcoagt.org](mailto:scholarship@smithcoagt.org)

(Application Deadline: March 31, 2025 - All Disciplines of Study )

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (check one): Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Applicants must be a US Citizen in order to qualify for Smith Co AGT scholarships)**

Country of Birth: \_\_\_\_\_

**(If you were not born in the US, you must provide proof of citizenship)**

**Please read & complete ALL sections. Incomplete applications will not be accepted.**

School District: \_\_\_\_\_

Name of Smith County High School: \_\_\_\_\_

Expected High School Graduation Date: \_\_\_\_\_

Intended College/University: \_\_\_\_\_

**(If selected and you decide to attend an out of state school, you will be required to forfeit your scholarship)**

Anticipated College Major/Course of Study: \_\_\_\_\_

What colleges have you visited in your selection process: \_\_\_\_\_

Name of High School Registrar: \_\_\_\_\_ Phone No: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Number in graduating class: \_\_\_\_\_

High School GPA: \_\_\_\_\_ Out of \_\_\_\_\_ (Ex: 3.5 out of 4.0) \*Class rank: \_\_\_\_\_ of \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ \* If used by your school

Signature of Registrar: \_\_\_\_\_

Each applicant is required to complete a Free Application for Federal Student Aid (FAFSA) and submit a copy of their **FAFSA Student Aid Report (SAR)**

**FAFSA EFC Score per official Student Aid Report:** \_\_\_\_\_

Do you have brothers/sisters attending college at the same time? Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_

Anticipated aid from parents per semester: \_\_\_\_\_ From jobs per semester: \_\_\_\_\_

Anticipated aid from other scholarship grants if applying (grant & amount): \_\_\_\_\_

Please note, if selected to receive a Smith County AGT scholarship, applicant will be notified and must verify all other financial aid scholarships received.

**ESSAY - Please provide your typed or clearly written personal essay addressing the following question.**

Why do you believe you need, or should receive financial assistance, such as a Smith Co AGT scholarship to attend the college/university of your choice?

Include details about family situations such as: care of family members, medical, family financial burdens and/or how important it will be for you to work while in college. (All information will remain confidential).

**Please do not provide identifying information such as your first or last name or any family member's names.**

In the space below, list any activities and clubs/organizations participated in, offices held, and award received in high school. If a repetitive award/recognition or activity, please indicate the years achieved. Your application is limited to 8 activities, so please prioritize.

Year(s)	Activity, Organization/Club	Office, Honor or Recognition

In the space below, list any activities in which you participated, indicating any special recognition you might have received, church/synagogue activities or community service projects. In addition, list any jobs that you held during high school including the position, years worked, and a brief job description. Your application is limited to 6 activities, so please prioritize.

Year(s)	Organization	Description

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**ESSAY – Please provide a typed or clearly written essay based on your personal experiences and beliefs regarding the following question.**

Describe the experiences that have guided you to become the person you are today and how do you believe those life experiences differentiate you and will impact your goals in the years to come?

**Applications submitted without an essay will not be considered. Please do not provide any identifying information such as your first or last name or any family member's names, as all names will be deleted.**

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**No application will be complete until the following are received:**

- **Scholarship Application** (To be mailed or emailed upon submission of application)
- **Official Transcript**
- **Official proof of SAT and ACT score** (Proof can be included on transcript or from the student's SAT/ACT website account)(Please note if your school only uses SAT or ACT)
- **Certification & Authorization for Verification Form** (To be mailed or emailed with application submission)
- **Official FAFSA Student Aid Report (SAR)**

Once your application has been received, an email will be sent to you with to verify receipt and any additional instructions. You will also be able to download any required forms at <http://smithcoagt.org/forms.html>. If you have any questions, contact us at [scholarship@smithcoagt.org](mailto:scholarship@smithcoagt.org) or 713-822-0878.



### **Certification and Authorization for Verification**

I hereby certify that the statements contained in this application are true, accurate and complete and that I presently meet all the eligibility requirements set forth in this application. **(Note: Any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.)**

If selected to receive a Smith County Area Go Texan scholarship, I will enroll in a not-for-profit college or university within the State of Texas and to abide by the policies governing the Scholarship Program. The college or university must be accredited by the Southern Association of Colleges and Schools.

**In addition, I have read and fully understand the rules and guidelines for the Smith County Area Go Texan scholarship for which I am applying for. I understand that if I receive more than \$75,000 in financial aid (including grants) and/or any other scholarships for the four-year term of my undergraduate degree (outside of the AGT scholarship), I will have to forfeit my Smith County Area Go Texan scholarship award.**

I hereby authorize any person, firm, school or entity to release to the Smith County Area Go Texan, or their authorized representatives, information concerning the subject matter of the statements I have made in this application, including, but not limited to, information concerning my current and future academic records and status (both high school and college), activities, honors, and awards, citizenship, residency, and financial situation (specifically including all financial aid). A copy of this authorization shall have the same effect and force as an original. Any person, firm, school or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

I hereby consent to be PHOTOGRAPHED and/or INTERVIEWED in connection with this application or any potential award of a Smith County Area Go Texan scholarship. I understand that any such photograph or interview may be used by Smith County Area Go Texan and/or their authorized representatives in television, film, visual, graphic, electronic, printed or other media. I agree to RELEASE, INDEMNIFY, DEFEND, and HOLD HARMLESS the Smith County Area Go Texan organization with respect to any and all claims related to the use of such photographs and/or interviews by the Smith County Area Go Texan organization and/or any other media.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_