

**2026**

**SCHOLARSHIP APPLICATION CHECKLIST**

The application is **NOT** complete without each of the following:

- \_\_\_\_\_ Original application is completed and returned
- \_\_\_\_\_ Current high school official transcript (high school transcript must include ACT/SAT scores)
- \_\_\_\_\_ Two (2) letters of recommendation: (Please submit only one (1) from your school. The other should be from a community member, pastor, employer, etc.)
- \_\_\_\_\_ Handwritten essay (Typed essays will not be accepted)
- \_\_\_\_\_ Signature of applicant
- \_\_\_\_\_ Picture of the applicant (no smaller than a 3x5) and a signed photo release

**NOTE: Any application, or part of the application, received after the due date will not be reviewed or considered by the Scholarship Committee.**

**Please return the completed application to:**

**Rotary Club of Bullard  
Attn: Scholarship Committee  
P. O. Box 913  
Bullard, TX 75757**

**DEADLINE**

**The application must be received  
no later than the first business day of April.**

Scholarships will be awarded, and recipients will be notified, following the final approval by the Rotary Club of Bullard's Board of Directors.



## **SCHOLARSHIP ELIGIBILITY AND REQUIREMENTS**

Two Scholarships are available for \$1,000 per student. Awards will be contingent upon confirmation that eligibility and requirements have been met.

### Eligibility:

1. Applicant must be an active high school senior attending Bullard ISD.
2. Applicant must be of good character as evidenced by at least two (2) letters of recommendation. One (1) from teacher, principal, counselor, etc., from the current school, and one (1) from employer, supervisor, minister, etc.

### Requirements

1. Applications must be received no later than the first business day of April of each year. Awards will be announced within ninety (90) days of this date.
2. Scholarships will be awarded based on funds available and the applicants' eligibility.
3. The recipients of the scholarships will be approved at the April Board meeting.
4. Scholarship must be used for the first full semester following the date awarded.
5. The recipient must provide proof of enrollment as a full-time student from their institution of higher education before monies will be released.
6. Scholarship will be paid directly to the institute where the recipient is enrolled.
7. The recipient will forfeit the scholarship if proof of enrollment is not provided to the Club on or before September 30th of the current year.



2026

SCHOLARSHIP APPLICATION

**COMPLETE ALL BLANKS. Indicate "N/A" if the question or blank does not apply.**

Student's Name \_\_\_\_\_ Cell No. \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Cell No. \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ Home No. \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Cell No. \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ Home No. \_\_\_\_\_

Gross Family Income (Please circle the range that best applies to your family)

\$0 - \$49,000      \$50,000 – \$99,000      \$100,000 - \$149,000      \$150,000-\$199,000

Parent's occupation \_\_\_\_\_ Number of siblings in household \_\_\_\_\_

Number of family members attending college in the fall \_\_\_\_\_

Are your parent(s) or guardian(s) an active member of a Rotary Club? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which college or university do you plan to attend? \_\_\_\_\_

Current GPA \_\_\_\_\_ Class Ranking \_\_\_\_\_

Have you applied for admission? \_\_\_\_\_ Yes \_\_\_\_\_ No      Have you been accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimate college expenses for one (1) year \_\_\_\_\_

Have you received any other scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \_\_\_\_\_



*\*Please attach additional sheets if more space is needed and indicate with "See Attached".*

\*List academic honors received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*List school awards/sports awards/club awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*List community/volunteer activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Work Experience:

Name of Employer	Type of Work	Length of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





In applying for this scholarship, I understand that I must be regarded as a full-time student and exhibit acceptable standards of citizenship and character to qualify.

To be complete, this application:

- Must be accompanied by an official transcript from the school the applicant has most recently attended, two (2) letters of recommendation, and a current picture.
- Must be signed below by the applicant and a parent or guardian.

I agree to permit the review of this application and my school records to anyone representing the Rotary Club of Bullard.

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Signature of Applicant

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Signature of Parent or Guardian

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Date

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Date



**2026**

**PHOTO RELEASE**

In exchange for consideration received, I hereby give permission to the Rotary Club of Bullard to use my name and photographic likeness in all forms and media for lawful purposes of announcing, advertising, and promoting the Rotary Club of Bullard scholarship program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the scholarship recipient is under the age of 18, I \_\_\_\_\_, am the parent/legal guardian of the individual named above, and I have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_