



2023 CFABC EAGLE PRIDE SCHOLARSHIP

APPLICANT INFORMATION

Application Deadline Date: April 28, 2023, 4 p.m.

Full Name *

First Name Middle Name Last Name

Best Contact Number: *

Area Code Phone Number

Cell or Home *

E-mail : *

Where the confirmation will be sent to

Home Address : *

Street Address

Street Address Line 2

City

State

Zip Code

APPLICANT TRANSCRIPT SCORES

Applicants must request a transcript from the Registrar's Office. Once obtained, send to **Steve Hutson** at the address listed below.

Membership/Scholarship - CyFalls Athletics Department
Cy-Falls High School
9811 Huffmeister Rd.
Houston, Texas 77095
281-856-1439
shutson@cyfallsathletics.com

**There is a \$6.00 fee when requesting a transcript online.*

***Ensure messaging is sent directly to the Membership/Scholarship - CyFalls Athletics Department.*

NOTE: Without a transcript, an application will be considered incomplete.

ATHLETIC EXPERIENCE

Please list UIL sports participation, team, number of years, and any athletic honors, awards and/ or special recognitions received.

List Sport, Years Played, and Honors, Awards and Special Recognitions *

ACADEMIC ACHIEVEMENTS

Please list any academic honors or special recognitions that you have received during high school.

List Organizations, Years, and Honors, Offices and Special Recognitions

EXTRACURRICULAR ACTIVITIES

Please list any jobs, clubs, sports outside of school, etc.

List Organization, Year and Activity

COMMUNITY SERVICE

List Dates (from-to), Organization and Hours

APPLICANT PERSONAL STATEMENT

ESSAY-Question should be answered in essay form. Please keep essay to half a page (300-500 words single spaced)

Please describe what "Eagle Pride" means to you, and how your definition of "Eagle Pride" will assist you in your future endeavors. *

0/500

Tell us about you! (This section is optional and will not reflect negatively on those who choose not to complete it.) The Scholarship committee would like to offer applicants an opportunity to submit a few points about themselves that they may deem relevant in presenting an overall picture of themselves to the selection committee. You may offer any points you choose however, please keep it to 500 words or less.

0/500

Is the parent/legal guardian of the student applying currently a paid member of the CFABC?

Yes

No

How many years has the parent/legal guardian been a paid member of the CFABC?

CHECKLIST

This is for your convenience. This should be used as a guide to ensure all materials are properly submitted.

Completed Application must be submitted no later than 4:00 p.m., April 28, 2023.

Applicant's Signature

The CFABC requests permission to use the names, pictures and bios of the Eagle Pride Scholarship Awardees for use in future advertising/promotional items relating to the CFABC and their fundraising activities. Please indicate below if you consent to this.

By signing (typing your legal name) in the space below, you are certifying that all information is correct and that all of the questions were answered honestly and fairly. You are also acknowledging that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

I understand that at the time this application is submitted I acknowledge that I am not on the fees and fines list.

I understand that my application will be seen by Cy-Falls coaches, members of the CFABC scholarship committee, and independent evaluators selected by the CFABC Board. I also understand that each individual reviewing this information is necessary to determine the final outcome of the CFABC Eagle Pride Scholarship winners.

Student E-Signature: *

Enter Date *

Month Day Year