

TCHS Volleyball Scholarship(s) Criteria

2022-23 School Year

The Texas City High School Volleyball Booster Club awards a limited number of scholarships to Senior Varsity Athletes, who have contributed in a positive manner to the TCHS Athletics and the school. These scholarships are one time grants, designated to assist student athletes pursuing further education. The scholarships are intended to recognize a range of outstanding graduating athletes/students of TCHS.

Athletic Participation – Applicant must be a graduating Senior at Texas City High School who has participated on at least one varsity athletic team during the student's last two years of attending TCHS.

Booster Club Membership – The student's parent/guardian must be a current member of the Texas City High School Athletic Booster Club.

Academic Achievement – The student athlete must have a minimum cumulative high school grade point average (GPA) of 2.0 or higher.

Post-Secondary Education – The applicant must be accepted by a post-secondary institution. Post-secondary institutions include, but are not limited to, colleges, universities, and technical and vocational schools.

Application Form – Students must complete and submit, by the posted deadline, the application with all prescribed forms by April 1st.

Selection Criteria – Scholarships are given on the basis of moral character during their tenure at TCISD.

- No DAEP assignments
- No excessive absences
- Recognized with good discipline by school administration and athletic department, exemplify good sportsmanship toward team members, coaches, opponents and officials.
- Financial need is not a factor or consideration in applying for this scholarship.
- Athlete must be cleared by a member of the Athletic Department before they can be awarded a scholarship. (All fees must be paid in full and any discipline issues resolved).
- Student athlete must have been enrolled in TCISD for 2 or more years, must have been member of the TCHS Volleyball team for a minimum of 2 years
- Transfer student athlete must letter as a varsity member and their parent/guardian must be an active member of the booster club during the athletic season they participate.
- Injured athletes must provide documentation from a Doctor, attend practices and events within limitations of the injury, and maintain good standing with athletic requirements.
- Provide two (2) reference letters with application. One letter must be from a high school teacher.

Selection Committee – Parents of the applicant(s) may not serve on the selection committee.

Scholarship Committee with consist of 1 school administrator (to verify grades and school character), 1 Booster club member with no relationship to the applicant (to verify parental involvement in the Booster Club), and 3 members from the community with no relationship to the applicant. Scholarship applications must be reviewed and awarded by a scholarship committee.

Submission Deadline – The completed application packet must be submitted in a sealed envelope to TCHS Volleyball Booster Club Scholarship, delivered to Senior Counselor at Texas City High School by April 1st. Please contact Janice Johnston (jjohnston@tcisd.org), the Scholarship Chairperson, for more information.

- Scholarship applications must be reviewed and awarded by a scholarship committee.

TCHS Volleyball Booster Club Scholarship Application

A. Personal Information

This data is required for administrative purposes only. All information is confidential. Please provide a home e-mail address and, if possible, an email address through which we can contact you after graduation.

Full Name: _____

Current Mailing Address: _____

Home Telephone: _____

E-mail Address: _____

Mother's Name _____ Phone Number _____

Father's Name _____ Phone Number _____

Statement of Accuracy

Statement of Understanding (check box)

- ☐ I certify that information contained in this application is correct. I understand that falsifying information will cause this application to be ineligible for selection.
- ☐ Scholarship awardees will be notified at the Sports Awards Ceremony in May.
- ☐ I also understand that all scholarship money can be disbursed to the institution's registrar after enrollment in a post-secondary institution has been established, if so desired.
- ☐ I further understand that if I withdraw from school, I forfeit my scholarship committee funds.
- ☐ My parent or legal guardian and I have read this application and agree that all information is correct.

Applicant Signature _____

Date _____

Parent or Guardian Signature _____

Date _____

Any questions regarding the application process may be directed to:

TC Volleyball Booster Club Vice President

[Bryan Thompson](#)

Application Checklist:

- 1) Fill out the Application with Personal Information including Applicant and Parent/Guardian signature.
- 2) Fill out the Scholarship Application
- 3) Letter of recommendation
- 4) Coach Evaluation

___Mark your calendar to turn in sealed, completed forms by April 1st.

**Each applicant will receive a number and this page will not be viewed by scholarship committee.

TCHS Volleyball Booster Club Scholarship Application

Achievement Award(s)

SPORTS PARTICIPATION:

Describe your participation in school athletics at TCHS and any special recognition or awards you received during that participation:

Year	Sport	Sport	Awards
Freshman			
Sophomore			
Junior			
Senior			

EXTRA-CURRICULAR ACTIVITIES PARTICIPATION:

(Community Service/Volunteer Work, leadership contributions, honors achieved)

Describe your participation in any TCHS activities other than athletics:

Year(s)	Organization	Contributions/Honor achieved

Academic Information: (2nd Semester of Senior Year)

Class Rank _____ GPA (weighted) _____

College, university, or technical institute you plan to attend:

Name of Institute: _____

Have you been accepted for admission? Yes ____ No ____

What major course of study, or certification do you intend to pursue?

Essay Topic: (Attach typed Essay)

A. What are your educational goals?

B. Describe any obstacles/challenges you have addressed throughout your high school career.

C. What would you describe as your most important "life lesson or a defining moment" in your athletic career at TCHS?

How have you contributed to the athletic program? How has your participation in TCHS Athletics impacted/shaped your life?

D. What are your personal and career goals?

Scholarship Review Committee Checklist

The scholarship review committee must be made up of an odd number (3 or 5) members. The committee must include independent members not affiliated with the athletic team. Committee members must not be a parent, step-parent, guardian or family member of an applicant. Coaches of athletic teams shall not be involved.

Applicant is a graduating Senior of TCHS?	Yes/No
Completed application and submitted prior to deadline?	Yes/No
Does applicant have a minimum GPA of 2.0?	Yes/No
Guidance Counselor Signature: _____ Date: _____	
Verified with school administration there is not a conduct issue, excessive absence or other issue that could prohibit the awarding of scholarship to applicant.	Yes/No
Principal Signature: _____ Date: _____	
Is applicant cleared by Athletic Department?	Yes/No
Signature: _____ Date: _____	
Verified that the Parent/Guardian an ACTIVE member of Booster Club?	Yes/No
Submitted two (2) Reference Letters. One must be from a high school teacher.	Yes/No

Directions: Use the scale below to rate your evaluation of each area of student's application.

Extra –Curricular Activities & Community Service	5	4	3	2	1
Review of content about application in Reference Letter	5	4	3	2	1
Coach's Evaluation	5	4	3	2	1
Student Essay Score	5	4	3	2	1
TOTAL SCORE = ____/20					

Evaluator's Signature _____

Comments:

Final Rank: _____

**Texas City High School Booster Club
Scholarship Confirmation of Enrollment**

INSTRUCTIONS: To have your scholarship funds released to the designated university or college, you **must attach** a copy of your **REGISTRATION of CLASSES** to confirm your status as a full time student. **Return the information with this form.**

Name: _____

Address: _____

E-mail: _____

Phone #: _____

Scholarship Amount: _____

I am enrolled as a student at the following university/college listed below.

(Please provide the exact address of the Financial Aid Office.)

University / College

Street Address or P.O. Box

City, State Zip

Student ID #

NOTE: Do not return this form until you have *a copy of your registered schedule of classes. Send these documents with this form. (*NOT your letter of acceptance OR deposit letters.)

Return to:

Texas City High School
c/o Nikki Ashcraft, Volleyball Athletic Booster Club
1431 9th Avenue North
Texas City, TX 77590