

## **Greater Texas Foundation Warrior Scholars**Program Application

Please read application thoroughly and answer all applicable fields. For consideration, submit applications in person or mail to the address below

Texas A&M University – Central Texas Attn: GTF Warrior Scholars Program 1001 Leadership Place Killeen, TX 76549 Phone: (254) 519-5753

Email: gtfscholars@tamuct.edu

Personal Information				
A&M-Central Texas ID (if know	ו): W	_		
Name				
Last	First		Middle	
Date of Birth	Phone	Email		
Address				
Number	Street		Apartment # (if applicable)	
City	Zip Code		Country	
Have you applied to A&M-Central Texas for Fall 2024? (If no, your application will not be considered)		Yes	○ No	
Have you submitted your 2024-2025 FAFSA? (If no, your application will not be considered)		Yes	○ No	
Are you a first generation college student?		Yes	○ No	
Parent 1 Highest Education Lev	/el			
Parent 2 Highest Education Lev	/el			

	Academic Information	n		
Name of Early Co	ollege High School			
City	Zip Code	Graduation Date (MM/DD/YY)		
Intended Major a	t A&M-Central Texas			
	n official copy of your most recent high school transc were submitted with your admission application, yo			
	Personal Statemen			
	nent should be a brief summary of who you are as a Scholars Program will help you accomplish your sho following topics:			
•	Short synopsis of your personal background			
•	Why you chose to attend an Early College High S	chool		
•	Examples of academic achievement			
•	Academic and professional goals			
•	Community involvement			
•	One challenge or obstacle you overcame during h	igh school		
Format: Persona one inch margins	statement should be 1-3 pages in length, 12 point <sup>-</sup>	Fimes New Roman font, double spaced with		
	Acknowledgement			
I understand:				
This is a con	npetitive program and not all students who apply ma	ay not be selected.		
	low application directions or comply with subsequen			
All communication	n documents submitted must include first and last n cations regarding the scholarship will be done via er sible for notifying the GTF Warrior Scholars program	nail and if my contact information changes,		
Student Signatur	e [	Date		

Parent Signature \_\_\_\_\_\_(required if 17 or younger)

MM/DD/YY

MM/DD/YY

Date