



Weslaco Elks Lodge No. 2057
BENEVOLENT AND PROTECTIVE ORDER OF ELKS
201 S. Border Avenue • Weslaco, TX 78596-5813
(956)968-7115

SCHOLARSHIP APPLICATION

Rev. 5/2018

Applicant Information

Applicant Name : _____

Home Address: _____ City & Zip: _____

Cell Phone: _____ Social Security (Last 5 digits): _____

Email: _____ Age: _____ DOB: _____

High School: _____

Family Information

Parents'/Guardians' Names: _____

Address: _____ City & Zip: _____

Occupation: _____
(Father's Occupation) (Mother's Occupation)

Siblings: # of brothers _____ Ages: _____ # of sisters: _____ Ages: _____

Any brothers/sisters currently enrolled in college? ☐ Yes. How many? _____ ☐ No

College / Career Information

Type of degree (select only one): ☐ 4-Year College (Bachelor's degree) ☐ Vocational College (2-Year degree/cert.)

Have you applied for admission to any colleges/universities? ☐ Yes ☐ No

If Yes, where? _____

Have you been accepted for admission to a college/university? ☐ Yes ☐ No

If Yes, where? _____

What is your expected Major (Field of Study)? _____

What is your expected Career? _____

Other Information

Have you or your parents/guardians participated in Weslaco Elks Lodge Fundraisers? ☐ Yes ☐ No

How? _____

Are your parents members of the Elks? ☐ Yes ☐ No

Extracurricular Activities

Community Service Activities

Special Honors & Awards

Support of Weslaco Elks Lodge #2057

Please describe how you have helped with Weslaco Elks Lodge #2057's annual events. Include years and how you helped.

Scholarship Essay

In your own words, state why you believe Weslaco Elks should award you this scholarship.

Teacher/Administrator Statement

(Teacher/Administrator Signature)

(Date)

Academic Records

Applicant's Name: _____ Expected Graduation Date: _____

SAT Score: _____ ACT Score: _____ GPA: _____ Class Rank: _____ out of _____
(M, R, & W) (Composite) (Weighted)

*** An Official HIGH SCHOOL TRANSCRIPT must be attached with this application that verifies the scores, GPA, and other academic information provided above.**

(Counselor Signature)

(Date)

Applicant Certification

I (we) have reviewed this application and find the information herein to be true and accurate. I acknowledge that any inaccurate or representation of information on this application may affect its consideration for a scholarship.

(Applicant's Signature)

(Date)

(Parent/Guardian Signature)

(Date)