

# COORS COWBOY CLUB SCHOLARSHIP APPLICATION

The Coors Cowboy Club (CCC) provides scholarships for employees and dependents of the ranches participating in the Coors Cowboy Club Ranch Rodeo. CCC members and dependents are also eligible. **Application deadline is May 1**, and recipients will be recognized at the CCC Ranch Rodeo in June.

Applications must be received by Opportunity Plan, Inc. (P.O. Box 1035, 504 24<sup>th</sup> Street, Canyon, Texas 79015). Applicants should include a **high school transcript** (if just completing high school) as well as **official transcripts from any institution where college credit has been received**. **Two letters of recommendation** (one from the ranch foreman indicating qualification for scholarship) must also be included. **A statement explaining your career goals and specifically how this scholarship will assist you in achieving your goals** must also be attached.

OPI will disburse half the award amount for the fall semester. To qualify for the remaining award in the spring semester, awardee must have completed and be enrolled in at least 12 hours and have a 2.5 GPA from the fall semester. For more information, contact the OPI offices at 806-655-2528.

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student College Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Student Permanent Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Institution Attending \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er)

Spouse Name (if applicable) \_\_\_\_\_

Names and Ages of Dependent Children (if applicable) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Email \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Email \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_

List community and church activities as well as school-related extracurricular activities and “x” the time periods in which applicant was involved. Include additional sheet if needed.

<u>Activities</u>	<u>9<sup>th</sup></u>	<u>10<sup>th</sup></u>	<u>11<sup>th</sup></u>	<u>12<sup>th</sup></u>	<u>College</u>	<u>Offices Held/Awards Received</u>

List all work experience and “x” the time periods in which you were employed. Place an asterisk (\*) by current employment. Include additional sheet if needed.

<u>Employer</u>	<u>9<sup>th</sup></u>	<u>10<sup>th</sup></u>	<u>11<sup>th</sup></u>	<u>12<sup>th</sup></u>	<u>College</u>	<u>Summer</u>	<u>Position</u>

**Statement of Financial Need**

Since the element of financial need can be one of the determining factors used by the scholarship committee in selecting the recipients, it is important that complete and accurate information be supplied in the space below concerning applicant’s financial need for assistance in attending college. **All information furnished to the committee is kept in the strictest confidence.**

Please indicate applicant’s parents’ combined income range if applicant claimed as a dependent on most recent income tax return. If married or not a dependent, please indicate family’s combined income range.

\$0 - \$25,000     
  \$41,000 - \$55,000     
  \$71,000 - \$100,000  
 \$25,000 - \$40,000     
  \$56,000 - \$70,000     
  over \$100,000

Please list all other scholarships or grants (with amount awarded) applicant has been awarded.

---



---

Applicant has completed the FAFSA (Free Application for Federal Student Aid)?  Yes  No

