



TEXAS SOCIETY OF
THE MILITARY ORDER OF THE STARS AND BARS
ALBERT SIDNEY JOHNSTON
SCHOLARSHIP PROGRAM
Application

Name: _____

Address: _____

City _____ State ____ Zip Code _____

Date of Birth: ____/____/____ Telephone Number: (____) ____-____

Email Address: _____

Parents/Guardians: _____

Educational Institutions Attended:

High School:

Name: _____ Attended From: ____/____/____

Address: _____ Attended To: ____/____/____

City: _____ State: _____ Graduated: Yes ____ No ____

Name: _____ Attended From: ____/____/____

Address: _____ Attended To: ____/____/____

City: _____ State: _____ Graduated: Yes ____ No ____

Educational Institutions Attended:
College/University
(Two Year, Four Year, Graduate School, etc)

Name: _____ Attended From: ___/___/_____

Address: _____ Attended To: ___/___/_____

City: _____ State: _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ___/___/_____

Address: _____ Attended To: ___/___/_____

City: _____ State: _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ___/___/_____

Address: _____ Attended To: ___/___/_____

City: _____ State: _____ Graduated: Yes _____ No _____

Financial Aid

Have you applied for financial assistance elsewhere? Yes _____ No _____

Have you been awarded other financial aid? Yes _____ No _____

(If YES, list the name of the award, address of the fund/activity, amount or value of the award)

Institution where you plan to attend

Name: _____

Accepted by institution: Yes _____ No _____ Enrollment Date: _____

