West Bell County Aggie Moms Club- Scholarship Application- Current Students
DUE BY March 22, 2026

Eligible applicants MUST meet the following requirements:
- The applicant shall be accepted to Texas A&M University, at the time of application and enrolled as a full time student into Texas A&M University at the time of disbursement of funds. (Students participating in student teaching, internships, and cooperative education programs, and study abroad programs who are enrolled in less than 12 hours during a fall or spring semester may be eligible to be certified as a full-time student with the approval of the Dean of the College or his or her designee. A letter of certification must be included with this application.)
- The applicant shall be in good standing and shall have a minimum weighted GPA of 2.5. An unofficial original transcript (all pages), which shows proof of classes taken and of the student's GPA.
- The applicant will reside in Killeen, Harker Heights, Fort Cavazos, Nolanville, Texas

Applicant Information

Name* _____

Street Address*_____

City, State, Zip*_____

Phone Number*_____

Email address*_____

Father/Guardian Name_____

Father Phone Number_____

Father Email Address_____

Mother/Guardian Name_____

Mother Phone Number_____

Mother Email Address_____

Start Date at Texas A&M (Month/Year)*_____

Which Texas A&M Campus are you currently attending?*
- ○ College Station
- ○ Galveston
- ○ Brownsville
- ○ Blinn Team

What is your current status?*

- ○ Freshman
- ○ Sophomore
- ○ Junior
- ○ Senior

Please provide your Texas A&M UIN number.*_____

Work Experience

If you do not have any work experience, please skip to the next section.

Place of Employment_____

Position_____

Date Started (Month/Year)_____

Average hours worked per week_____

Supervisor Name_____

Work Experience #2

Place of Employment_____

Position_____

Date Started (Month/Year)_____

Average hours worked per week_____

Supervisor Name_____

Work Experience #3

Place of Employment_____

Position_____

Date Started (Month/Year)_____

Average hours worked per week_____

Supervisor Name_____

For additional work experience, please email to wbcmoms@aggiemoms.org with transcript.

Volunteer Experience

If you do not have any volunteer experience, please skip to the next section.

Volunteer Position_____

Dates of hours_____

Number of hours volunteered_____

Were these volunteer hours required for a club or extracurricular activity? If yes, which organization were they for?

_____

_____

Supervisor of volunteer hours _____

Volunteer Position _____

Dates of hours _____

Number of hours volunteered _____

Were these volunteer hours required for a club or extracurricular activity? If yes, which organization were they for?

_____

_____

Supervisor of volunteer hours _____

Volunteer Position _____

Dates of hours _____

Number of hours volunteered _____

Were these volunteer hours required for a club or extracurricular activity? If yes, which organization were they for?

_____

_____

Supervisor of volunteer hours _____

Volunteer Position _____

Dates of hours _____

Number of hours volunteered _____

Were these volunteer hours required for a club or extracurricular activity? If yes, which organization were they for?

_____

_____

Supervisor of volunteer hours _____

For additional volunteer experience, please email wbcmoms@aggiemoms.org with transcript.

Organizations, Clubs, and Extracurricular Activities

List any organizations, clubs, and extracurricular activities you are involved in WITH the dates. Please also include any leadership position you held within those activities.

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Essays

Essay #1- Write a 250 word (or less) essay giving advice to your high school self.*

Essay #2- Write a 250 word (or less) essay expressing your favorite Aggie tradition and why.*

I agree to email my transcript to wbcmoms@aggiemoms.org before the deadline of March 22, 2026.*

☐ Yes

Final Acknowledgment

I certify that the information I have submitted on this form is true and correct. I understand the submission requirements and meet the eligibility criteria.

Student Signature (Please type your full name)*

_____

Date * mm/dd/yyyy _____