



Waller County Sports Association Educational Scholarship

NAME _____
FIRST MI LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

CUMULATIVE GPA _____ RANK IN CLASS _____ OF _____

YEARS OF PARTICIPATION WITH WCSA _____

IDENTIFY AND DESCRIBE BRIEFLY IN THE APPROPRIATE SPACES BELOW, YOUR LEADERSHIP RESPONSIBILITIES, HONORS, AND ACTIVITIES.

Club/Organization	Year(s)

SCHOOL YOU PLAN TO ATTEND: _____

SPECIFIC AREA OF STUDY: _____

PLEASE LIST ANY OTHER ACTIVITIES OR ACHIEVEMENTS NOT LISTED ABOVE:

Please return this application to ksterling@wallercountysports.com along with a one page essay on plans for the use of this scholarship upon acceptance and the applicants current school transcript. Application will automatically be disqualified if essay and transcript are not included with submission.

Deadline for admission is April 7th 2026