Announcing the
Opal G. Cox Charitable Trust Scholarship
2019-2020

The estate of Mrs. Opal G. Cox established through the Opal G. Cox Charitable Trust Scholarship for worthy Baylor students.

Guidelines:

1. Submit the attached application and faculty recommendation form no later than May 15, 2019.

2. Award recipients must be currently enrolled at Baylor University and scholastically eligible to enroll for the 2019-2020 academic year.

3. Students eligible for consideration must have completed at least 30 hours at Baylor University by the end of the 2019 spring semester with a cumulative Baylor grade point average of at least 3.2 and, if selected to receive a scholarship, enroll full-time (12 or more hours) for the fall 2019 and spring 2020 semesters.

Submit completed application materials to: Student Financial Aid Office
Baylor University
One Bear Place # 97028
Waco, TX 76798-7028
Scholarships@baylor.edu
Opal G. Cox Charitable Trust
Scholarship Application
2019-2020

Please complete and return to:
Student Financial Aid Office
One Bear Place # 97028
Baylor University
Waco, Texas 76798-7028

Deadline: **May 15, 2019**

Last Name    First Name    Middle    Baylor ID Number

Permanent Address

______________________________________________________________

Baylor Email address

Classification    Major

Anticipated graduation date: ________________________________

Briefly detail any prior work experience: ________________________________

Describe any existing conditions that cause unusual financial expenditures (e.g., illness, unusual medical/dental expenses, other children in college): ________________________________

CGPA: _____________

Earned hrs: ____________

EFC: _____________
List any extra-curricular activities, awards and honors (include club memberships, offices held, committee work, athletic teams, music organizations, community, church, etc):

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Please state briefly why you feel that you should be considered for this scholarship and how it will help you obtain your goals.

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I certify that the given information is correct to the best of my knowledge.

________________________________________________________________________________________

Student signature

________________________________________________________________________________________

Date
Faculty Recommendation
I hereby waive the right to review this recommendation submitted to the student financial aid office.

Student signature ___________________________________________ Date ____________

Printed name ___________________________________________ Baylor ID number ____________

Please submit this recommendation directly to the student financial aid office, Attn: Opal G. Cox Trust Scholarship; One Bear Place # 97028; Waco, Texas  76798-7028 (application deadline: May 15, 2019).

Faculty recommendation

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Faculty member signature ___________________________________________ Date ____________