

BRAZOSPORT COLLEGE

ACADEMIC HONORS PROGRAM SCHOLARSHIP APPLICATION

Semester _____

Name _____ Student ID No. _____

Hours taken at BC _____ BC GPA _____ (Students must be enrolled in at least 6 hours at BC)

Have you received honors credit for course work at BC? _____

If yes, how many hours? _____

How many hours are you taking for honors credit this semester? _____

In this space (or on an attachment) list the reasons why you should be considered for an Honors scholarship:

Two letters of recommendation are required for scholarship consideration.

Please send them to: Carrie Pritchett, Honors Program Director

500 College Drive

Lake Jackson TX 77566

Due Date: October 31, 2019

Student's Signature _____ Date _____