



University of the Incarnate Word 2009-2010 Brackenridge Scholarship Application

Each year the University of the Incarnate Word recognizes two first-time freshmen as Brackenridge Scholars. These students are selected according to the criteria set by the George W. Brackenridge Foundation. Applicants must be a graduate from a Bexar County high school, rank in the top 20% of their high school graduating class, be a U.S. citizen and resident of the State of Texas.

The Brackenridge Scholarship is automatically renewed each year providing the student maintains a minimum 2.5 cumulative GPA. The total amount for the scholarship is \$6500 (\$2000 for the first year and \$1500 for the second, third and fourth year). Completed Brackenridge Scholarship applications are reviewed by the Brackenridge Scholarship Committee, and the top six candidates must complete a final interview with the committee before the Brackenridge Scholars are selected.

Name: _____ Social Security Number: _____

Permanent Address: _____

Local Address: _____

Telephone Number: _____ Email Address: _____

High School: _____ Class Rank: _____ of _____

Certification of eligibility (check all that apply):

- I am a Current High School Senior (will be First-time Freshman in 2009-2010)
- I am graduating from a Bexar County High school in the top 20% of the graduating class
- I am a U.S. Citizen
- I am a resident of the State of Texas

Required Essay:

Please attach an essay of at least 500 words explaining why you are choosing to attend UIW and what your future plans are. Applications and essays are due to the Office of Financial Assistance by June 15, 2009.

University of the Incarnate Word
2009-2010 Scholarship Release of Information Form

The University of the Incarnate Word makes every effort to protect the privacy of your educational records. Scholarship donors very much appreciate knowing the students who directly benefit from their scholarship funds. By allowing the University to release your name, directory, and academic information, you are helping us to connect donors with our students. This simple act helps to ensure that more UIW students will continue to benefit from these generous gifts.

By signing below you indicate:

___ you authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive

OR

___ you do not authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive.

Signature Date

Printed Name UIW ID or Social

***This form must be submitted with the UIW Brackenridge Scholarship Application.
The application and all accompanying forms and documents (essay and release of information) must
be submitted to the UIW Office of Financial Assistance by 5:00 p.m. June 15, 2009***