

## TEHAMA SHOOTERS ASSOCIATION SCHOLARSHIP

The Tehama Shooters Association Scholarship is to be awarded annually to a Tehama Shooters Association family member who is a graduating high school senior and plans to attend a college or vocational school that has proper accreditation.

The purpose of the scholarship is to offer financial assistance to a deserving student. To be eligible for this scholarship, the applicant must be immediate family of a Tehama Shooters Association member, or involved in youth shooting organizations affiliated with Tehama Shooters Association. The recipient must have a grade point average of 3.0 for the last 2 years of high school and be enrolled as a full time student in their chosen college or vocational school.

The scholarship is for \$500.00 for one recipient. This amount and number of recipients may be increased if funds are available. Applications will be reviewed and verified by the selection committee to determine a qualified graduate. The committee's recommendation will be presented to the Board for final selection. The actual cash award will be made by Tehama Shooters Association directly to the recipient upon verification of enrollment in his/her chosen college or vocational school.

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PRESIDENT

DATE

# TEHAMA SHOOTERS ASSOCIATION SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ NAME OF TSA MEMBER \_\_\_\_\_

TSA # \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

SCHOOL YOU PLAN TO ATTEND: 1. \_\_\_\_\_ 2. \_\_\_\_\_

CAREER/VOCATIONAL OBJECTIVE: \_\_\_\_\_

HOBBIES &  
INTERESTS \_\_\_\_\_

JOBS YOU'VE  
HELD \_\_\_\_\_

ORGANIZATIONS YOU BELONG TO (SCHOOL AND COMMUNITY): \_\_\_\_\_

ATHLETICS: SPORTS & GRADES PARTICIPATED: \_\_\_\_\_

VOLUNTEER ACTIVITIES (COMMUNITY, CHURCH, ETC.) \_\_\_\_\_

ATTACH A BRIEF ESSAY ABOUT HOW YOU HAVE DEMONSTRATED YOUR COMMITMENT TO FURTHERING YOUR EDUCATION AND WHY YOU ARE PURSUING A PARTICULAR AREA OF INTEREST.

PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature authorizes release of academic transcript and information on this application for review.

## APPLICATION CHECK LIST:

\_\_\_ Verified that you are eligible for the scholarship. \_\_\_ Family of TSA Member or Youth Group

\_\_\_ Transcripts included \_\_\_ Attached essay

MAIL APPLICATION TO: P. O. BOX 475, RED BLUFF, CA 96080 BY APRIL 15, 2024