



**SOUTH TEXAS TRAIL RIDERS, INC.**  
P.O. BOX 261307    CORPUS CHRISTI, TEXAS 78426    WWW.STTR.NET

South Texas Trail Riders Inc.

Scholarship Application

**A. General Information**

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of parents or guardian: \_\_\_\_\_

**B. Education Information**

School applicant will attend: \_\_\_\_\_ Semester: \_\_\_\_\_

Department or Major, if known: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of this application: \_\_\_\_\_ Title of essay: \_\_\_\_\_

Please remit this application with a copy of your transcripts / grades no later than March 1<sup>st</sup> to:

June Lozano

15755 Stuart Rd

San Antonio, Tx 78223