



SOUTH TEXAS TRAIL RIDERS, INC.

P.O. BOX 261307 CORPUS CHRISTI, TEXAS 78426 WWW.STTR.NET

South Texas Trail Riders, Inc.
Scholarship Application

General Information

Applicant First Name: _____

Applicant Last Name: _____

E-mail address: _____

Phone Number (s): _____

Home Address (street, city, state, zip, etc.):

Name of parent(s) or guardian(s):

Education Information

School applicant will attend: _____

Semester: _____ Department or Major, if known: _____

Address of School (street, city, state, zip, etc.):

Date of Application: _____

Title of essay: _____

**Please remit this application with a copy of your transcripts/grades no later than
March 1st