

The Boles Family Health Science Career Scholarship

Scholarship Application Packet 2026

The Boles Family Health Science Career Scholarship will award two (2) scholarships up to \$5,000 each, to graduating seniors from the Arlington ISD seeking post-secondary education at either a 4-year college or 2-year college/trade school.

Application Deadline

The completed application is due to your AISD Counselor by **Friday, March 13, 2026.**

Scholarship Guidelines/Use of Funds

- Student must pursue a career in Health Science.
- Purpose/Use of Scholarship funds: Tuition expenses, Fees, and approved Educational Expenses.
- Student must apply scholarship funds to a 4-year or 2-year college/university, or approved trade/technical school.
- Student must enroll in the Institution of Higher Education, by August 2026.
- Scholarship funds will be disbursed directly to the Institution of Higher Education, upon verification of enrollment.
 - If student is attending a 4-year college/university, he/she will receive \$5,000 for their first year, or
 - If student is attending a community college/2-year school, he/she will receive \$2,500 in year 1 and \$2,500 in year 2.

Application Requirements

Please turn in all listed items. Incomplete applications will not be considered.

Scholarship Application – complete entire application, typed responses are preferred.

Unofficial High School Transcript

Letter of Recommendation: ACADEMIC
(e.g., Teacher, Coach, Sponsor, Counselor, School Administrator)

Letter of Recommendation: PERSONAL
(e.g., Employer, Community Leader, Church Official, Unrelated Adult)

Typed Essay: Not to exceed 300 words

Topic: ***What is the most significant challenge or obstacle you have overcome?
What did you learn about your strengths and weaknesses as a result of the challenge or obstacle?***

Scholarship Application

Complete the information requested below and return to your School Counselor by **Friday, March 13, 2026**. Incomplete applications will not be considered.

Last Name			
First Name		Middle Initial	
DOB		High School	

Address					
City		State		Zip Code	

Home Phone		Cell Phone	
Email Address			

Parent/ Guardian			
Home Phone		Cell Phone	

Why do you want this scholarship? (Please give any extenuating family circumstances that you would like to have considered.)

List personal involvement and contributions to your school and the community during your high school “career” (grades 9-12).

Activities	Year of Participation	Level of Involvement (officer, member, volunteer, etc.)

Please describe your future college and career goals. Include the college/university you plan to attend and your major course of study.

Essay:
 Attach a *typed* statement, not to exceed 300 words, addressing the following prompt:
What is the most significant challenge or obstacle you have overcome? What did you learn about your strengths and weaknesses as a result of the challenge or obstacle?