

## WILL BYLER MEMORIAL SCHOLARSHIP

The Will Byler Memorial Scholarship will provide \$1000.00 per year to a student who best meets the following criteria:

### Requirements:

Must have participated in the **TEXAS YOUTH RODEO ASSOCIATION, AND A GRADUATING SENIOR** for the school year **MAY 2025**.

Scholarship recipients must maintain a minimum grade point average ratio each semester of 2.0 on a 4.0 scale or equivalent.

Failure to comply or conform to the policies stated herein will be considered grounds for termination. Scholarship funds accepted by the recipient while in violation of stated policy must be repaid; in full immediately upon receiving notification. If hardship cases arise, which result in devaluation from stated policy, they will be considered and dealt with in an individual basis.

### College Acceptance/Enrollment:

The applicant must enroll or plan to enroll in either college or University within the confines of the State of Texas.

**Draw dates on Scholarship are as follows:**

**1<sup>st</sup> Semester must be received by Nov. 1<sup>st</sup>.**

**2<sup>nd</sup> Semester must be received by Feb 28<sup>th</sup>.**

**THE SCHOLARHIP MUST BE DRAWN WITHIN ONE YEAR FROM THE DATES OF GRADUATING FROM HIGH SCHOOL.**

### Essay:

Applicant must include a typed essay of no more than two 8 ½" x 11" sheets, double space, on your plans for the near future, need for the scholarship, use of the scholarship, and responsibility toward becoming an honorable member of your chosen professional and society in general.

Applicant's name and address must be typed in the upper right hand corner of page.

### Enrollment:

The applicant must plan on taking a minimum of 12 semester hours.

### Deadline Date:

April 15, 2025

**WILL BYLER MEMORIAL SCHOLARSHIP**  
**(Please Print or Type)**

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_ M or F

Email: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Number of Years Participated in TYRA \_\_\_\_\_

The Last Year Participated \_\_\_\_\_

What Event did you Participate in \_\_\_\_\_

Number of Years Participated in the last Four Years \_\_\_\_\_

What is your current preferred career choice(s)? \_\_\_\_\_

**Financial Information:**

Name of College/University you plan on attending \_\_\_\_\_

Total Value of Scholarships already received \$ \_\_\_\_\_

Please list the name and addresses of no more than three persons from whom you have attached recommendations. Of the three **we need one letter from the principal, and one from a teacher stating applicants respect to faculty and their respective education system.** Letters must indicate name and daytime phone numbers of person submitting recommendation.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Academic Information:**

Name of High School \_\_\_\_\_ Phone \_\_\_\_\_

G.P.A. \_\_\_\_\_

Rank \_\_\_\_\_

**Disclaimer: Committee has the right to decline any applicant based on years participated, last date participated or proof participation or GPA.**

I hereby certify that the statements contained in this application are true, accurate, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please send all applications to: Will and Bailee Byler Memorial Foundation  
C/O Bill and Kerri Byler  
PO Box 706  
Bellville, TX 77418**