2025 Opening Doors to Success Scholarship

The Opening Doors to Success Scholarship is for First Generation and Economically Disadvantaged Students residing in the following counties: Navarro, Ellis, Freestone, Limestone, and Leon.

The scholarship is \$500 per semester up to four semesters as long as the recipients meet eligibility requirements including applying for TRIO SSS, meeting with their TRIO advisor, maintaining full-time status, and meeting the GPA requirement.

This form determines eligibility for the Opening Doors to Success Program. This form also provides information that will allow Navarro College to better understand the applicant and provide special help should assistance be required in successfully accomplishing your educational goals.

All information on pages 1 and 2 of the application must be completely filled out, legible, and postmarked or received at the address below by 5:00 PM Friday, April 4th, 2025.

No EXCEPTIONS. Late or incomplete applications will not be accepted.

Navarro College Attn: Richey Cutrer 3200 West 7th Avenue Corsicana, TX 75110

Please print legibly or type				
DATE:				
NAVARRO COLLEGE STUD	DENT ID NUMBEI	R:	-	
STUDENT'S NAME:		DATE OF BIRTH:		
PERMANENT ADDRESS:				
	(STREET)	(CITY)	(STATE & ZIP CODE)	
PHONE NUMBER:		EMAIL ADDRESS:		
PARENT/GUARDIAN LEGAL NAME:				
PARENT/GUARDIAN PHONE NUMBER:				
DID EITHER OF YOUR PARENTS RECEIVE A FOUR-YEAR COLLEGE DEGREE?				
HAVE YOU COMPLETED YOUR FAFSA FOR 2025-2026?				
WHAT HIGH SCHOOL ARE YOU ATTENDING?				
WHO IS YOUR HIGH SCHOOL GUIDANCE COUNSELOR?				
PLEASE BRIEFLY EXPLAIN YOUR EDUCATIONAL GOALS:				

PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR **APPLICATION:**

- Official High School transcript
- A letter of recommendation from your High School Guidance Counselor

Late or incomplete applications will not be accepted.

High School Counselor

All signatures must be on this ap	pucation form.	
By signing below, we understand t Additionally, by signing below I g scholarship recipients to others wit	ive Navarro College permission to	5 5
Student Applicant	Date	
Parent/Legal Guardian	Date	_
		_

Date