

## Scholarship Application

*Application must be completed and returned to your Counseling Officer no later than March 16.*

Scholarship Eligibility requirements and criteria:

1. Applicant must have spent at least the entire senior year in the HEB ISD.
2. The applicant must plan to be enrolled in any junior college, college, university or technical institute of his/her choice. The scholarship will not be restricted to any particular field of study.
3. Financial need will be considered a factor but will constitute only one consideration.
4. The recipient of the scholarship should have grades that indicate reasonable college success.
5. The amount of money specified will be paid directly to the college of the recipient's choice at the time of registration. Scholarships must be started within one (1) year following graduation.
6. Applicant with current Local PTA membership at their school (or another HEB ISD school if their school does not have a PTA) will receive additional consideration.
7. The completed application and required paperwork must be received by March 1 of the current school year to be eligible for consideration.
8. All entries submitted to the HEB ISD Council of PTAs become the property of the PTA and will not be returned.
9. The recipients selected shall be presented at the April Council PTA meeting, at which time they will receive a certificate.

The scholarship amount will be five hundred dollars (\$500) for the Geer and five hundred dollars (\$500) for the Chambers scholarships. The KEYS scholarship is based on funds received. This application must be completed and returned to your counselor by the deadline date of March 16.

**NO APPLICATIONS WILL BE ACCEPTED AFTER MARCH 1st.**

**Put your name on the first page only!** DO NOT PUT YOUR NAME ANYWHERE ON THE SUBSEQUENT PAGES OF THIS THREE-PAGE APPLICATION. Put your HEB ISD Student ID on subsequent pages. Please type or print clearly and use only the amount of space provided. Answer all the questions.

PTA Scholarship Chairperson: Jeanell Buck

Contact information: *email* – [mjbuck77@sbcglobal.net](mailto:mjbuck77@sbcglobal.net)

*To be completed by Scholarship Chairperson:*

<input type="checkbox"/> Name only on first page, student ID on others	<input type="checkbox"/> Is a PTA member
<input type="checkbox"/> Answered all questions on application	<input type="checkbox"/> Listed college, university, trade school to attend
<input type="checkbox"/> Received counselor signature and verification of academics	<input type="checkbox"/> Has grades indicating a reasonable expectation of success in college; signed by school counselor
<input type="checkbox"/> Completed essay question on last page in space provided	<input type="checkbox"/> Has financial need – no full scholarship received
<input type="checkbox"/> Checked box for which scholarship(s) to be considered	<input type="checkbox"/> Submitted application by due date

**Personal Profile:** *Print*

Attend: \_\_\_\_ KEYS \_\_\_\_ L.D. Bell \_\_\_\_ Trinity

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Father/Male Guardian Full Name

\_\_\_\_\_  
Mother/Female Guardian Full Name

\_\_\_\_\_  
Father/Male Guardian Occupation

\_\_\_\_\_  
Mother/Female Guardian Occupation

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

Parent/Guardian address if different from present address listed above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brother(s): \_\_\_\_ Ages: \_\_\_\_\_ Sister(s): \_\_\_\_ Ages: \_\_\_\_\_

Have you spent your entire senior year in the Hurst-Euless-Bedford school district? \_\_\_\_\_

Which school(s): \_\_\_\_\_

**Financial Need:** (30 pts) – What percentage of each of these sources do you expect will contribute to funding your college education? (must equal 100%):

Work \_\_\_\_ Grant/Scholarships \_\_\_\_ Loan \_\_\_\_ Family Support/Savings \_\_\_\_

Have you been awarded any other scholarships? \_\_\_\_\_

If so, what benefits will you received from them? \_\_\_\_\_

Which university or college do you hope to attend? \_\_\_\_\_

**PTA Member:** (10 pts) \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Name of activity</u>	<u>Years of Participation</u>	<u>Offices Held/Awards Achieved</u>
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[illegible]Name of Course or Award and Date achieved[illegible]Hrs. per Week

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Academic Summary

To be completed by the counselor:

Student is ranked \_\_\_\_\_ in a class of \_\_\_\_\_ and has a GPA of \_\_\_\_\_ .

Test Scores: ACT \_\_\_\_\_ SAT (Critical Reading/Math only) \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Essay Question:** (40 pts) ***Please attach typed essay to your application – word count 200-250.***

Which individual has had the greatest positive impact on your development? Please describe the ways in which this person has influenced your life and prepared you for the future.

***REMEMBER YOUR NAME MAY ONLY APPEAR ON THE FIRST PAGE OF THIS APPLICATION. A TYPED ESSAY SHOULD BE ATTACHED. MAXIMUM WORD COUNT 250 WORDS.***