

Check when completed

Spring Independent School District Education Foundation Scholarship Application

Date Received: Time Received: Received by:

2018 Spring ISD

Education Foundation Scholarship

Late or incomplete applications will not be considered. Deadline to submit applications: 3:00 p.m., Tuesday, May 1, 2018

Applications will be accepted from counselors only!

 Please type or print legibly. Use black ink. Only print on front pages (no double-sided pages). Official January 2018 transcript must be submitted with this application. Applicant must sign and date the application on the bottom of Page Three. All requested items must be completed and/or included for the application to be accepted. The completed application and transcript must be delivered to your counselor <i>no later than</i> 3:00 p.m., Tuesday, May 1, 2018. 								
FOR COUNSELOR USE ONLY: Senior Year Attendance %:								
Applicati	ons are due to the SISD Educat ER than 5:00 pm, Friday, May		school counselors					
Sandra Harper Scott SISD Education Foundation 16717 Ella Blvd., Houston, TX 77090 EducationFoundation@SpringISD.org Applicant Information								
Last		First	Middle Initial					
Address		City	Zip Code Primary					
Phone		Alternative Phone	Date of Birth					
Student	ID#	High School						
<u>Parent/</u>	Legal Guardian Information							
Last		First	Middle Initial					
Employr	ment Location		Position Address					
		City	Zip Code Home					
Phone		Work Phone	Email Address					

Applicant		
Last	First	
SAT Scores Critical Reading	Math	Total SAT Score
ACT Composite Score	Weighted GPA_	
College or Accredited Technical School	ol Preference(s):	
Major:	Degree Sought: _	
Brief Statement of Career Plans / Life needed.	Goals Please attach an a	additional document if more space is
What are your plans for funding your benefit you? (Be specific) Please attach		
Personal Statement: Tell us about yours special circumstances. Please attach an ac		

Date

Scholarship Application							
ApplicantLas	t First						
	HIGH SCHOOL ACTIVITIES	(<u>Grades 9 - 12 only</u>)					
Organization	Position or Office Held	Hours per Week or Month Required	How Long Were You Involved				
	School-Related Extracurr	icular Activities					
	Community Service (Not	School Related) If none, plea	se specify why.				
Hamana	/ Arroanda Dagairrad from Cabaal a	- d Community Organization					
Honors	/ Awards Received from School a	ind Community Organization	ns 				
	Work Experie	ence					
_							
Applicant Signature							