



**Spring Independent School District  
Education Foundation Scholarship  
Application**

**Date Received:  
Time Received:  
Received by:**

**2019 Beneke Memorial Scholarship**

**Late or incomplete applications will not be considered.**

**Deadline to submit applications: 3:00 pm, Wednesday, March 20, 2019**

**Applications will be accepted from counselors only!**

**Eligibility Requirements**

Check when completed

- \_\_\_ 1. Please type or print legibly. Use black ink. Only print on front pages (no double-sided pages).
- \_\_\_ 2. Applicant must graduate from Westfield High School or Wunsche High School in December 2018 or June 2019.
- \_\_\_ 3. Applicant must have attended Beneke Elementary School. Proof of attendance at Beneke Elementary is required.
- \_\_\_ 4. Applicant must submit an essay of not more than 500 words entitled, "Why I Plan to Attend College" Essays must be typed and submitted with this application.
- \_\_\_ 5. Applicant must include two (2) letters of recommendation from someone other than family. One recommendation must be from a current high school teacher/administrator. The second recommendation may be from a former teacher/administrator at Beneke Elementary, a pastor, scout leader, or club sponsor.
- \_\_\_ 6. Official January 2019 transcript must be submitted with this application.
- \_\_\_ 7. Completed application (signed by applicant and counselor upon completion).  
**The application pages should be paper clipped, no staples.**
- \_\_\_ 8. All requested items must be completed and/or included for the application to be accepted.
- \_\_\_ 9. The completed application and transcript must be delivered to your school counselor **no later than 3:00 p.m. Wednesday, March 20, 2019.**

**Applications are due to the SISD Education Foundation office from the school counselors.**

**NO LATER than 3:00 p.m., Tuesday, April 2, 2019. Deliver to:**

Sandra Harper Scott  
SISD Education Foundation  
16717 Ella Blvd.  
Houston, TX 77090  
[EducationFoundation@SpringISD.org](mailto:EducationFoundation@SpringISD.org)

**Applicant Information**

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Initial Address City Zip Code

\_\_\_\_\_  
Primary Phone Alternative Phone Date of Birth

\_\_\_\_\_  
Student ID# High School

Applicant \_\_\_\_\_  
Last First

Elementary Schools Attended: \_\_\_\_\_

Years Attending Beneke \_\_\_\_\_ Pre-K \_\_\_\_\_ K \_\_\_\_\_ 1<sup>st</sup>  
(Check all that apply.) \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>  
\_\_\_\_\_ 5<sup>th</sup>

Test Scores: (attach copy of Student Score Report)

SAT: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Total SAT Score \_\_\_\_\_

ACT: Composite Score \_\_\_\_\_ Weighted GPA \_\_\_\_\_

**FOR COUNSELOR USE ONLY:**  
Senior Year Attendance %: \_\_\_\_\_ DSG Hours \_\_\_\_\_

College or Accredited Technical School Preference(s): \_\_\_\_\_

Major: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

**Brief Statement of Career Plans / Life Goals** Please attach an additional document if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your plans for funding your college education? Explain how this scholarship would benefit you?** (Be specific) Please attach an additional document if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Statement:** Tell us about yourself. Describe what makes you unique. Please include any special circumstances. Please attach an additional document if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_

Applicant \_\_\_\_\_  
Last First

**HIGH SCHOOL ACTIVITIES (Grades 9 - 12 only)**

| Organization | Position or Office Held | Hours per Week or Month Required | How Long Were You Involved (months/years) |
|--------------|-------------------------|----------------------------------|---|
|--------------|-------------------------|----------------------------------|---|

**School-Related Extracurricular Activities**  
If none, please explain.

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**Volunteer/Community Service (Not School Related)**  
If none, please specify why.

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**Honors / Awards Received from School and Community Organizations**

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**Work Experience. If none, please explain.**

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Applicant \_\_\_\_\_  
Last First

**Other Scholarships Received:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for admission to a college? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of college(s): \_\_\_\_\_  
\_\_\_\_\_

**If you have been accepted to a college(s), attach letter(s) of acceptance.**

**Number of dependents in your family, including yourself:**

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of children that are currently attending college: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date