2			

Thank you for your interest in the Edgewood Education Foundation of San Antonio scholarship. Please note that in addition to this application, you will need to provide a copy of your transcript, a 250 word personal statement and at least one letter of recommendation. This scholarship is open to all Edgewood Independent School District graduating seniors who are in good standing with the District. Scholarship Deadline is May 12, 2022.

#### APPLICANT GENERAL INFORMATION

Please print or type.

**SCHOLARSHIP** 

**APPLICATION** 

2022

NAME		
First	MI	Last
PERMANENT MAILING ADDRESS		
E-MAIL ADDRESS		
HOME PHONE NUMBER	ALTERNATE P	HONE NUMBER
DATE OF BIRTH	_ETHNICITY / NATIONALITY _	
MALE   FEMALE		

How did you hear about the Edgewood Education Foundation of San Antonio Scholarship Program?

## FAMILY INFORMATION

APPLICANT'S PLACE O		City	State	Country	
		Chy	State	Country	
PARENT GUARDIAN NA	ME				
	First	Last		Relationship	
PARENT/GUARDIAN					
	First	Last		Relationship	
ALTERNATE PHONE NU	JMBER / CONTAC	CT NAME			

□ Please check the box if you are a first generation student in your family to attend a college or university APPLICANT: To the best of your knowledge, please record your information in the boxes below.

# **APPLICANT ACADEMIC STATUS AND HIGH SCHOOL INFORMATION**

HIGH SCHOOL	_COUNSELOR'S NAME
HIGH SCHOOL COUNSELOR'S OFFICE TELEPHONE NUMBER	<u> </u>
INTENDED MAJOR/ ACADEMIC GOAL	
LIST COLLEGES HAVE BEEN ADMITTED TO ATTEND/PLAN TO	DATTEND:

### **COMMUNITY INVOLVEMENT**

SCHOOL / EXTRACURRICULAR ACTIVITIES. List up to five activities in which you have had the most involvement in the last four years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). *Do not use acronyms.* 

Activity Description	Years Involved Highest Position Held	

COMMUNITY / VOLUNTEER SERVICE. List up to three agencies or organizations in which you have participated *WITHOUT PAY* during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.) Enter *TOTAL* hours per activity. *Do not use acronyms.* 

Service description	Total hours		

WORK EXPERIENCE. List the last three jobs you have held the longest (food server, babysitting, lawn mowing, office work, etc.). Do not use acronyms.

Employer Name	Position	From Date (MM/YYYY)	To (MM/YYYY)	Average Hours per week

## **PARENT / GUARDIAN FINANCIAL DATA**

- 1. Total number of family members living in the household:
- 2. Total number of family members attending college at least half-time during the next school year, including applicant: \_\_\_\_\_
- 3. Marital status of parent or guardian: 

  Married 
  Divorced 
  Separated 
  Widowed 
  Single

### **REQUIRED ATTACHMENTS**

The following attachments are required for submission and consideration. Failure to include any of the items listed below will result in an incomplete application. Incomplete applications shall not be considered for award.

- PERSONAL STATEMENT: Please attach your personal statement on a separate document. Students must discuss in 250 words or less why they should be selected to receive the scholarship, including their chosen field, the college they plan to attend, the degree they wish to pursue, and their future educational and professional goals. Student must demonstrate in this essay the reasons for the financial need and their commitment towards a college education.
- 2. TRANSCRIPT: Your EISD transcript must attached to the application upon submission to the Foundation. The transcript must list class rank information as well as ACT/SAT information.
- 3. LETTERS OF RECOMMENDATION: Please attach all letters of recommendation to the application upon submission.

## **CERTIFICATION AND AUTHORIZATION**

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I understand that the provision of false or misleading information may lead to the rescinding of an award. I certify that I am currently enrolled and in good standing as a senior or junior potential graduate in high school, enrolled in or applying for full-time enrollment to a two or four-year college or university or vocational/technical school for the 2022-2023 academic year and am eligible to receive scholarships granted under the Scholarship Program. I understand that an incomplete application will not be considered for the award. I understand that if I am awarded the scholarship I will need to provide proof of enrollment or similar documentation in order to receive the scholarship check that will be disbursed by the District/Foundation. My failure to do so within thirty days of eligibility shall result in the loss of the award and the funds shall be returned to the Edgewood Education Foundation of San Antonio. I hereby authorize The Edgewood Education Foundation of San Antonio Scholarship Program to use any information contained in this application for the purpose of promoting the organization.

Applicant signature	(required)	Date

Date\_\_\_\_\_