

# Irving ISD Council of PTAs PTA Scholarship Application

**Amount of Scholarship: \$750.00**

**Deadline: Friday, February 1, 2008 by 4:00 p.m.**

*(Read all directions carefully)*

## **ELIGIBILITY:**

1. Applicants must have attended a Irving ISD school for at least 4 years, and be a graduating senior from an IISD school and want to pursue further education at a college/university, technical school, or vocational school, and are in need of financial assistance.
2. It is required that the applicant or applicant's guardian be a member in good standing of their school's PTA by December 1<sup>st</sup> of the current school year.
3. Selection will be based on the following: academic achievement/awards, extra-curricular activities, financial need, community service, goals, work experience, essay, and overall impression.
4. Recipients will receive their award during the last Irving ISD Council of PTAs General Meeting. Upon verification of enrollment at accredited post-secondary institution, the scholarship payment will be forwarded to that institution.

## **INSTRUCTIONS:**

1. Complete all portions of this application (typed or in black ink). Resumes and school transcripts are encouraged.
2. Include two letters of recommendation. One faculty and one non-faculty.
3. On an ATTACHED SHEET, WRITE AN ESSAY (approximately 250 words or less) on the following topic: Describe your best memory/memories of your Irving ISD school experience.
4. Return 3 sets of the completed Scholarship Application (be sure essay is included) in a sealed manila envelope. Mark the outside of the envelope Irving IISD Council of PTAs Scholarship Application and your full name. Packets must be turned in to your counselor's office by 4 p.m. on Friday, February 1, 2008.

# REQUIRED STUDENT INFORMATION:

## I hereby apply for an Irving ISD Council of PTAs Scholarship

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Father's name: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_  
(Please provide an email that is current and most often viewed)

Number of years attended Irving ISD schools: \_\_\_\_\_

Applicant or Guardian is a member of their schools PTA as of December 1, 2007. (Please check one)  YES  NO

Applicant or Guardian has been a member of their schools PTA for at least 4 years. (Please check one)  YES  NO

### Academic Achievement:

Rank in class: \_\_\_\_\_ ACT score: \_\_\_\_\_ (Optional)

Class size: \_\_\_\_\_ SAT score: \_\_\_\_\_ (Optional)

Overall GPA: \_\_\_\_\_

Irving ISD schools attended: \_\_\_\_\_

**\* Attach a copy of your seven-semester transcript and any other information you feel would be beneficial in your application for a scholarship. Failure to provide complete information of the asterisk questions will void consideration for eligibility. THIS SCHOLARSHIP MUST BE USED WITHIN ONE (1) YEAR OF PRESENTATION.**

### Goals:

What profession or career will you pursue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What College/Institute do you plan to attend and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entrance Date: \_\_\_\_\_

**Financial Need:**

Do you have any support other than job or legal guardian? (Social Security, child support, etc.?) If so, please explain: \_\_\_\_\_

Will this support continue after you graduate from high school? \_\_\_\_\_

**Estimate of your annual higher educational expenses:** \_\_\_\_\_

**Parent's Annual Income:** *(Please check one)*

\_\_\_ Under \$20,000    \_\_\_ \$20,000 – \$40,000    \_\_\_ \$40,001-\$60,000    \_\_\_ \$60,001-\$80,000    \_\_\_ Over \$80,000

Briefly, explain how you plan to fund your future education and your need for scholarship assistance. \_\_\_\_\_

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

For what other scholarships have you applied? \_\_\_\_\_

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

Are you the recipient of any scholarships (duration/amounts)? \_\_\_\_\_

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

**Student Employment or Work Experience:**

Employer's Name	Address	Business	Position

**Describe your involvement in, or any awards achieved through high school activities: such as school sports, school clubs and extra-curricular activities:** (List below or attach a personal resume)

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

**Describe your involvement in, or any awards achieved through community service and/or church:** (List below or attach a personal resume, include total hours spent in community service)

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

**\*\*IN FAIRNESS TO THOSE APPLICANTS WHO FOLLOW THE INSTRUCTIONS, ONLY THOSE APPLICATIONS THAT ARE COMPLETE IN EVERY DETAIL AND ARE IN THE COUNSELOR'S OFFICE NO LATER THAN 4:00 PM ON FEBRUARY 1, 2008, WILL BE CONSIDERED BY THE IISD COUNCIL OF PTA's SCHOLARSHIP COMMITTEE.**

## APPLICANT'S STATEMENT

I hereby certify that the information provided to the Irving ISD Council of PTAs is true and correct. I agree to the provisions of this application, and I understand that the funds will be paid directly to the institution of choice, upon verification of enrollment. Any unused funds will be returned to Irving ISD Council of PTAs by the institution, if enrollment is not maintained.

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Signature of student

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Date

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Signature of parent/guardian

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Date

## COUNSELOR'S SCHOLARSHIP VERIFICATION

Counselors may offer comments or input regarding this student's circumstances or background. Please sign and date that you have reviewed the application.

(Comments are optional)

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Signature of Counselor

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Date

*(To be filled out by IISD Council of PTAs)*

## PRESIDENT OF IISD COUNCIL OF PTAs STATEMENT

As president of IISD Council of PTAs for the school year 2007-2008, I hereby signify that the applicant above has met all the requirements of the application for the 2007-2008 scholarship fund provided by IISD Council of PTAs, and recommend them for consideration of this scholarship.

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Signature of PTA president

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Date