

Irving ISD Council of PTAs PTA Scholarship Application

Amount of Scholarship: \$750.00
Deadline: Friday, January 30, 2009 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 1st of the current (2008-2009) 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, January 30, 2009.

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, 2008. (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 JANUARY 30, 2009, 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.

Signature of student

Date

Signature of parent/guardian

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)

Signature of Counselor

Date

(To be filled out your PTA President)

PTA PRESIDENT'S MEMBERSHIP VERIFICATION

As president of the _____ PTA for the school year 2008-2009, I hereby signify that the applicant above has met all the PTA membership requirements for the 2008-2009 scholarship fund provided by IISD Council of PTAs, and recommend them for consideration of this scholarship.

Signature of PTA president

Date