The Frances Weir Scholarship is open to students across SAISD in partnership with the SAISD Foundation. Please note that this scholarship is intended to support students who have had significant challenges to overcome to this point in their lives and in doing so have demonstrated determination, resiliency and a strong work ethic that will serve them well in reaching their next goals. The intent of this scholarship is to be able to meet gaps in funding that make further education (trade school, community college or four year colleges and universities) a reality for students. Scholarships can be renewed for a second year for students in good standing who remain in active communication with the SAISD Foundation.

STUDENT INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M □ F □

 Last First MI

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number and Street City State Zip

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check Yes or No in the following categories:

 **Yes** **No**

Free/Reduced Lunch □ □

T.A.N.F. (Temporary Assistance for Needy Families) □ □

Food Stamps □ □

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Marital Status: Married □ Divorced □ Separated □ Single □ Widowed □

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependents in family (INCLUDE parent (s) and yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List relationship and ages of all family members who live with you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What Will Be Your Family’s and Student Contribution to Assist with Your Potential Educational Expenses Annually:

Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME

Annual gross income of family (include the previous year’s income for yourself and parent(s)/guardian(s) with whom you reside). These numbers should match your FAFSA application. Parent(s)/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Self:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTIVITIES/AWARDS

List any school or community activities that you participate in and/or any awards received while in high school. Use the back of this page or attach a separate page for additional activities.

|  |  |  |
| --- | --- | --- |
| Activities | Dates of Participation | Offices Held and/or Awards Received |
|  | To |  |
|  | To |  |
|  | To |  |
|  | To |  |

STUDENT EMPLOYMENT RECORD: (Present and/or Previous Part time/Full time) Month/Year

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_

What are your plans for employment while furthering your education? (i.e. plans to work summer and holidays, plans to work while in school during the school year, etc.)

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

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

COMMUNITY COLLEGE/COLLEGE/UNIVERSITY/TRADE SCHOOL

College/university/community college/trade school you have been accepted to and plan to attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cost or Award/Year

Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_

Books & Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_

Room & Board (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Costs (Transportation) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Aid (total awarded in grants) (-) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid (total awarded in loans) (-) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid (total awarded in work study) (-) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships Awarded (total awarded to date) (-) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remaining Funds Needed (funding gap) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Potential Family & Personal Contribution (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Funds Requested from this scholarship $\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please email a copy of your Financial Aid Award Letter upon receiving it to info@saisdfoundation.com

 Please list the scholarships, grants, loans, financial aid you have applied for and indicate status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Scholarship, Grant, Aid or Loan or Additional Funding Sources | Amount Requested | Awarded | Declined | Pending |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Answer ALL of the following questions in paragraph form with 3-4 sentences per question (submit questions typed and numbered).

1. Describe what challenges you have had to overcome to reach your goal of graduating from high school.
2. Describe your future plans and ambitions and how this scholarship and next step in your education will help you get there.
3. How critical is receiving this scholarship to reaching your future goals and what obstacles are you still struggling to overcome?
4. If funding is not received from this source, how do you plan to meet the financial needs of your training/education?

Student directions for submitting application:

1. Submit this completed application to your counselor.
2. If essay is more than one page, PRINT YOUR NAME on all the pages of the essay and SIGN the last page. If essay is only one page, sign the bottom of that page. Attach your essay to the application.
3. Submit a copy of your transcript and your class schedule this year.

 (Counselors: please assist the student by providing a copy of their transcript to them)

Scholarship Deadline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note incomplete applications will not be eligible for funding review.**

I certify that all information submitted is true to the best of my knowledge. A false statement, alteration or omission of pertinent information from this application will be considered just cause for removal of application from scholarship consideration. **ALL THREE SIGNATURES ARE REQUIRED.**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNSELOR/SCHOOL ADMINISTRATOR: Please speak to this student’s resiliency and his or her ability to reach the goals articulated above.

 Current High School GPA is \_\_\_\_\_\_\_\_\_\_\_\_. Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_