

Name of Scholarship You Are Applying for			
High School	Student ID		
STUDENT INFORMATION			
Name			м 🗆 ғ 🗆
Last	First	MI	
Address			
Number and Street	City	State	Zip
Phone Number	D.O.B	1	Age
Email Address			
PARENT/GUARDIAN INFORMATIC	<u>DN</u>		
Father's Name	Highest Educ	ation Level	
Employer	Position		
Mother's Name	Highest Educa	ation Level	
Employer	Position		
Number of dependents in family (INCLU	DE parent(s) and yourself): _		
FINANCIAL INFORMATION			
Annual gross income of family (Include a	ll income for yourself and pa	rent(s) with whom	you live):
Please check Yes or No on the following c	categories:		
		Yes	No
Free/Reduced Lunch			
T.A.N.F. (Temporary Assistance for Need	y Families) or Food Stamps		

SAISD Foundation | 141 Lavaca | San Antonio, TX | 78210 | Tax ID #74-2861587 (P) (210) 554-2235 | (F) (210) 228-3084 | SAISDFoundation.com | info@saisdfoundation.com



ACTIVITIES/AWARDS (Attach additional pages if needed)

List any school activities that you participated in and/or any awards received while in high school.

Activities	Dates of Participation	Offices Held and/or Awards Received
	to	

<u>COMMUNITY SERVICE (Attach additional pages if needed)</u>

List any Community Service projects you participated in while in high school.

Project	Dates of Participation	Your Role
	to	



EMPLOYMENT RECORD: (Present and/or Previous)

Company Name	Dates of Employment	Your Position
	to	
	to	
	to	

COLLEGES/UNIVERSITIES

Colleges/Universities you have		and rank preferen	Preference
1			
2			
3			
4			
5			
ticipated Major or Field of Stu	dy		
rrent GPA			

Include a 200 – 400 word essay utilizing the following prompt;

Describe your future plans, hopes and ambitions, including how or why you selected your career path or field of study.

Student directions for submitting application:

- 1. Submit the completed application to your lead counselor or College Bound Advisor (CBA).
- 2. Attach your essay to the application and ensure you sign the application.
- 3. Submit a copy of your unofficial transcript and ACT or SAT scores.

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Counselors and CBA's: please assist student by providing a copy of transcripts, verify GPA is correct, and ensure the student meets the scholarship requirements. Please proofread the student's essay, as it will be shared with the scholarship funder.

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.

Student Signature	
Counselor/CBA Printed Name	
Counselor/CBA Signature	
Counselor/CBA Email	_Date