

Scholarship Application



Complete and return to the **NHSAA office** (Room 500 @ NHS)

MUST BE SUBMITTED BY: MARCH 1, 2012

If you need help, contact the NHS Counselor or the NHSAA Alumni office. Be sure the application is complete with all attachments. Incomplete applications **will not** be considered.

PLEASE TYPE OR PRINT:

Full Name: _____
 First Middle Last

Mailing Address: _____
 Street City Zip

Phone Number: _____ Date of Birth: _____

Email Address: _____

ACADEMIC (*Please verify with a copy of your transcript*)

Years attended NHS: _____ SAT or ACT score: _____

Grade Point Avg. _____ Class Rank: # _____ of _____ Total # _____

EXTRACURRICULAR/AWARDS & HONORS/COMMUNITY SERVICE:

List your three most significant awards/honors and organizations in and out of school.

Organizations	Member/ offices	Years	Describe

List special awards/honors received and volunteer service performed.

Awards/Honors	Year	Describe

Volunteer services	Year	Hours	Describe

WORK EXPERIENCE:

Employer	Duties	Dates of Employment

I have applied to attend (University/College/School): _____

I have been accepted at: _____

My academic plans are to major in: _____

Graduate by (year): _____ Ultimate Career Goals: _____

FAMILY INFORMATION: *List only individuals in household at time of graduation.*

Father: _____ Employer: _____

Mother: _____ Employer: _____

Number of children in family including self: _____ Ages: _____ # in college Fall 2012 _____

Adjust gross income from 2011 Tax Return (www.fafsa.gov required by all colleges).

\$0-\$20,000

\$61,000-\$80,000

\$21,000-\$40,000

\$81,000-\$100,000

\$41,000-\$60,000

\$100,000+

Will it be necessary for you to work and earn part of the money for your education?
If so, how much? By what means? _____

Please list scholarships you have applied:

Letters of Recommendation:

Three letters of recommendation must be attached. Letters from teachers, counselors, principals, coaches, club sponsors or community members who can provide helpful information about you are acceptable.

Name	Occupation	Contact Info
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Any Scholarship funds managed by the NHS Alumni Association not drawn by the recipient by March 31, 2014, will be forfeited.

I agree to notify the office of the NHS Alumni Association of any change in my address or educational plans if I receive an award.

I certify this is my application for an NHS Alumni Association scholarship and that I have prepared this application accurately as possible and to the best of my ability.

I understand a thank you letter must be sent to the donor with a copy sent to the NHS Alumni Association prior to disbursement of scholarship funds to designated college.

Student Signature

Date

Senior Counselor Signature

Date

Absolute Deadline for submitting this application-complete in all respects with all attachments is **MARCH 1, 2012.**

A complete application consists of the following:

- A completed application form **signed** by the senior counselor.
- A current transcript, dated on or after February 1, 2012.
- Three letters of recommendation from teachers, counselors, principals, coaches, club sponsors or other community members as appropriate.
- A letter from the applicant stating why he/she is applying for an NHSAA scholarship including any personal information you wish us to consider.
- A recent head and shoulders photograph of the applicant. (The Alumni Office has a camera and can take your picture if needed.)

Please attach any additional information you would like to share!

If you have any questions/concerns contact: NHS Alumni Office
936-462-1403, NHS Room 500
nhsalumni@nacogdoches.k12.tx.us