

Scholarship Application



Complete this application and return it to:

The NHSAA office (Room 500 @ NHS)

MUST BE SUBMITTED BY: MARCH 31, 2010

If help is needed in preparing this application, contact your NHS Counselor or the NHSAA Alumni office. Be sure the application is complete, with attachments, before turning it in. Incomplete applications **cannot** be considered.

PLEASE TYPE OR PRINT:

Full Name: _____ SS #: _____

Preferred Name: _____

Mailing Address: _____
Street City Zip

Phone Number: _____ Date of Birth: _____

Email Address: _____

ACADEMIC/EXTRA CURRICULAR:

Years attended NHS: _____ Graduation Date: _____

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

Please verify with a copy of your transcript.

List your three most significant honors and organizations while a student at NHS.

1. _____

2. _____

3. _____

Out of school activities (list clubs and organizations to which you have belonged, offices held, special honors received and volunteer services performed.)

WORK EXPERIENCE:

Employer	Duties	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I have been accepted at: _____

My academic plans are to major in: _____

And graduate by (date): _____

Ultimate Career Goals: _____

PERSONAL/FAMILY:

Household Income (Include only income from the parents/step-parents you are living with at graduation:

Father's Name: _____

Employer/Gross Annual Income: _____

Mother's Name: _____

Employer/Gross Annual Income: _____

Number of dependent children in your family (include yourself): _____ Ages: _____

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 other scholarships you have applied:

List 3 (three) References:

Name	Occupation	Contact Info
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Scholarship funds managed by the NHS Alumni Association not drawn by the recipient by March 31, 2012, 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.

Student Signature

Date

Senior Counselor Signature

Date

Absolute Deadline for submitting this application-complete in all respects with all attachments is **MARCH 31, 2010**.

A complete application must consist of the following:

- A completed application form **signed** by the senior counselor.
- A current transcript
- Three letters of recommendation from teachers.
- 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