

****Due in the JHS CCMR Lab no later than 4:00 pm May 3, 2023****

**THE LILLIAN WALTOM FOUNDATION
901 OAK ST.
JOURDANTON, TX 78026**

SCHOLARSHIP GRANT APPLICATION INFORMATION

All applications for scholarship grants from the Lillian Waltom Foundation, a nonprofit entity, must be submitted on or before May 10th of each year. Scholarships will be awarded to Atascosa County residents only.

All applications will be carefully examined and awards will be made per the following criteria: 1) ethnic mix 2) need 3) high school rank and accomplishments 4) ACT or SAT scores 5) acceptance into an approved college or university

All scholarship recipients from the Lillian Waltom Foundation will receive a subsequent grant each year thereafter for a maximum of four (4) years, provided the Foundation is given semester reports from the enrolling college or university that grades are sufficient for the student to remain enrolled in said school.

*****RECIPIENT MUST COMPLETE A MINIMUM TWELVE (12) HOURS AND EARN A MINIMUM 2.5 GPA PER SEMESTER.**

In the event the scholarship recipient drops out of school, the unused portion of said grant will be returned to the Lillian Waltom Foundation.

NOTICE: IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE ORIGINAL APPLICATION:

- 1. High School Transcript**
- 2. ACT/SAT Scores**
- 3. Resume**

*The following application must be completed **in full** and all required documents (**hs transcript, ACT/SAT scores, resume**) attached for an application to be considered.*

Part A. To be completed by applicant (student):

Name: _____

SS #: _____ Phone: # _____

Address: _____

County of Residence: _____

Father's Name: _____

Father's Address: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Address: _____

Mother's Occupation: _____

Parents' Combined Annual Salary: _____

High School: _____ Rank: _____ of _____
(# in graduating class)

College or University of choice: _____

ACT/SAT Score: _____ Area of Study: _____
(circle)

Part B. To be completed by High School Principal or Counselor:

High School GPA: _____

Numerical Rank & Number in Graduating Class _____ of _____

Do you recommend the applicant for a grant scholarship? _____

Name: _____

Title: _____ Phone # _____

Address: _____

Signature: _____

Date: _____

RELEASE OF SCHOLARSHIP INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF THE CONTENTS OF MY SCHOLARSHIP APPLICATION AND INFORMATION CONCERNING MY ACADEMIC STANDING WITH THE COLLEGE OR UNIVERSITY OF MY CHOICE.

APPLICANT'S SIGNATURE:

DATE: _____