

# Scholarships due date:

Feb 8<sup>th</sup>

Bring scholarships and additional documentation to  
Ms. Mendoza by the due date.



**KRISTY M. LANDERS MEMORIAL SCHOLARSHIP APPLICATION**

(Please print or type)

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1. Full Name: \_\_\_\_\_  
Last First Middle
2. Permanent Address: \_\_\_\_\_  
St./RR/Box City County State Zip Code
3. (a) Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_
3. (b) e-mail Address: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_
5. Age: \_\_\_\_\_ 6. Sex: \_\_\_\_\_ 7.\* Marital Status:\* \_\_\_\_\_ 8. U.S. Citizen: \_\_\_\_\_
9. Immigrant Visa #: \_\_\_\_\_ 10. Legal Residence: \_\_\_\_\_ (State)
11. \* Please indicate your ethnic background:\* White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_  
Asian \_\_\_\_\_ Hispanic \_\_\_\_\_
12. Father/Stepfather/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
St./RR/Box City County State Zip Code  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Mother/Stepmother/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
St./RR/Box City County State Zip Code  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_
13. Names & ages of children at home including yourself:  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_
14. Number in college next fall: (Include Yourself) \_\_\_\_\_
15. \* Family Income Range:\* \_\_\_\_\_ Under \$15,000 \_\_\_\_\_ \$15,000 to \$29,999  
\_\_\_\_\_ \$30,000 to \$45,000 \_\_\_\_\_ Over \$45,000

NOTE: \* You are not required to answer these questions; however, an answer would be appreciated. The answers to these questions will not be a determining factor in awarding this scholarship.

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16. List your extracurricular activities in high school, including participation in athletics, band, club work, chorus, church, publications, school plays, scouts, student government etc.. Please list any offices you held or any special recognition you received.

ACTIVITY	GRADE	OFFICES HELD, IF ANY
	9	
	10	
	11	
	12	
	9	
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	12	
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	12	
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	12	

17. If applicable, list people you have worked for during the past two years & describe briefly the type of work done.


18. Do you plan to work part-time during your freshman year in college? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Proposed educational field?

20. A. College, university, vocational or trade-school you're planning to attend?

School	City	State
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B. Have you applied for entrance to a college, university, vocational or trade-school? Yes \_\_\_\_ No \_\_\_\_

C. Have you been accepted for admission to any college, university, vocational or trade school?  
Yes \_\_\_\_ No \_\_\_\_

21. In your own words, tell why you want to attend college or vocational school.

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22. A. ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_  
Composite Verbal Math Total

B. High school Avg. \_\_\_\_\_ Rank in class \_\_\_\_\_ Number in graduating class \_\_\_\_\_

23. Are you applying for financial aid? \_\_\_\_\_

24. A. Write a brief statement why you need this scholarship; how it would help you further your education etc.

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B. List any scholarships you have already been awarded for the coming academic year:

Name _____	Source _____	Amount _____
Name _____	Source _____	Amount _____

25. Do you own a car? Yes \_\_\_\_ No \_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_  
Amount of monthly payments \_\_\_\_\_ Who will make payments? \_\_\_\_\_  
If "No" to above: How do you plan to travel to & from college? \_\_\_\_\_

26. List names & addresses of two adults, not relatives, who know you & your parents personally.  
NAME ADDRESS PHONE #

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27. \_\_\_\_\_  
Your signature Date

PLEASE RETURN THIS APPLICATION ALONG WITH A COPY OF YOUR TRANSCRIPT BY February 8th  
TO: Muleshoe High School Counselors  
Muleshoe High School  
Muleshoe, TX 79347

ALL APPLICATIONS WILL BE REVIEWED BY THE BOARD OF TRUSTEES & FINALISTS WILL BE  
NOTIFIED FOR A PERSONAL INTERVIEW.

