The Rochelle ISD Scholarship Application

FOR GRADUATING SENIORS

**Guidelines**

1. The deadline to submit a scholarship application is May 2, 2022 by 5:00 p.m. Given the nature of this award, the committee is unable to make exceptions to this deadline.

2. The application process outlined within this document is specific; you must include or attach all needed documents such as reference forms, transcripts, etc. Incomplete applications will not be considered.

3. If any question does not apply to you in this application, please put N/A in the corresponding space.

4. Type or print legibly; illegible applications will be returned to you.

5. You will be notified if a scholarship is granted at the Rochelle ISD Graduation in May.

6. If you have any questions about the application, please call Amy Tetens at 325-243-5224 or by email at atetens@rochelleisd.net.

SCHOLARSHIP AWARDS

These scholarship monies have been donated as an ongoing scholarship fund to be used for Rochelle ISD graduates who elect to pursue a college education after high school graduation. The money will be distributed to two groups: current year graduates from Rochelle School and former graduates who are continuing their college degree. The Rochelle ISD scholarship committee will consider the following when making all decisions in determining the award offered:

* Academic Accomplishments
* Community Service and Leadership
* References
* Personal Essay
* Financial Need

Scholarship funds are paid directly to the post-secondary institution or vocational institution. Scholarships awarded are based upon the availability of funds and any additional qualifying criteria determined as pertinent by the committee.

ELIGIBILITY CRITERIA

* Applicants must be a permanent resident of the United States.
* Applicants must be completing or have completed high school successfully with a minimum weighted GPA of 2.0 on a 4.0 scale.
* Applicants must be accepted and planning to attend (as a full-time student) a college, university, or vocational school program for the upcoming academic semester.

REQUIRED DOCUMENTS

* A completed Scholarship Application.
* Two letters of recommendation.
* Proof of acceptance at a post-secondary institution or vocational school or proof of continued enrollment at a post-secondary institution or vocational school.
* A 250-word essay; the details are included in the Scholarship Application.

SCHOLARSHIP AWARDS

* No one student may receive more than $3,000 per year.
* The recipient will receive half of the scholarship each semester upon proof of enrollment at a post-secondary institution or vocational school.
* Applicants cannot receive scholarship funds for classes in which they have previously enrolled. Classes taken that had previously been taken, failed, dropped, or withdrawn from cannot be funded an additional time through this scholarship.

Please mail OR email the application to:

Rochelle ISD Scholarship Committee

5902 Lafayette Ave.

Rochelle, Texas 76825

Email: atetens@rochelleisd.net

**Rochelle ISD**

SCHOLARSHIP APPLICATION

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| Please type or print your answers below. If the application is illegible, it will be returned to you. | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | |
| Mailing Address: | | | | State: | City: | | | Zip: | |
| Daytime Number: | | | | | Email: | | | | |
| Current High School: | | | | | High School Graduation Date: | | | | |
| What year will you enter college? | | | | | | | | | |
| Will you be a full time student (minimum 12 hrs.): | | | | | | | | | |
| Will you live on campus or commute? | | | | | | | | | |
| Grade Point Average (GPA) on a 4.0 scale:  Attach proof of GPA; your most **recent** school transcript required. | | | | | | | | | |
| ACT score: | | | SAT score: | | Attach ACT/SAT score sheet | | | | |
| Parent’s Names: | | | | | | | | | |
| Parent’s Address: | | | | State: | City: | | | | Zip: |
| Parent Phone Number | | | | |  | | | | |
| College you have attended: | | | | | | Years: | Degree: | | |
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| What specialty/major do you plan to major in as you continue your education?  Public Health | | | | | | | | | |
| **SCHOOL EXTRA-CURRICULAR ACTIVITIES**: Please list school extra-curricular activities in which you have participated. | | | | | | | | | |
| **AREA OF STUDY**: What do you want to study and why? | | | | | | | | | |
| **ORGANIZATIONS**: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | | | | | | | | |
| **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | | | | | | | | |
| **GOALS**: What are the short- and long-term goals for your life? | | | | | | | | | |
| **NEED**: Please explain your need for a scholarship. | | | | | | | | | |
| **CAREER PLANS**: | | | | | | | | | |
| The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.  Your application will be returned to you if these items are not attached to this application. Circle “YES” or “NO” to be sure you have attached each item as required. | | | | | | | | | |
| YES | NO | Two reference forms. | | | | | | | |
| YES | NO | Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds. | | | | | | | |
| YES | NO | Most recent official high school or college transcript. | | | | | | | |
| YES | NO | 250-word essay on *Making a Difference* (Address what things have made a difference in your life, and how you plan to make a difference in the lives of others.). | | | | | | | |