

BRANCH #117

SCHOLARSHIP INFORMATION

Hochheim Branch #117 is offering scholarships to High School Seniors whose parents, grandparents or guardians are insured by Hochheim Prairie Insurance and **are members of Branch #117**. Branch #117 membership is comprised of Fayette, Lee and Bastrop counties, <u>but not all members living in these counties belong to Branch #117</u> as the member may choose the branch they hold membership in. <u>The parent, grandparent or guardian must be a member of Branch #117 for the student to be eligible for a scholarship.</u>

AMOUNT OF SCHOLARSHIP

The number of scholarships and amounts may vary from year to year.

ELIGIBILITY REQUIREMENTS

To be considered for a scholarship the applicant must: (1) Be a high school senior and have a parent, grandparent or guardian who is a member of Hochheim Prairie Branch #117, La Grange. (2) Have applied for admission in a recognized College, University or Technical/Trade school. (3) May be pursuing a business, trade, marketing, healthcare, the Arts or a teaching career track.

APPLICATION PROCEDURE

An applicant will be given consideration for a scholarship when all of the following have been received by the selection committee:

- 1. A completed application form
- 2. Class Rank Percentile and current Transcript of the student
- 3. Two letters of recommendation
- 4. Application turned into School Counselors office

OPERATIONAL PROCEDURES

When the recipient receives an acceptance letter from the chosen college or trade school, a copy should be sent to Hochheim Prairie Branch #117, 448 E. Live Oak St., La Grange, Texas 78945 and the scholarship money will be awarded to the recipient.

DEADLINE

Application must be completed and returned to the High School Counselor's office no later than April 1, 2021.

Note: Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

All information contained herein to be kept strictly confidential

PART ONE: PERSONAL INFORMATION

1. Applicant N (Last/first/N				
2. Mailing Ac (City/State/	ldress Zip)			
3. Place and D (City/State -	eate of Birth			
4. Male	Female	US Citizen Yes	S	No
5. Telephone 1	Number			
		ous Trouble etc.) Y INFORMATION		
	.HHE/IVI FAWIII/Y	INFURMATION		
		Li	ving	Deceased
1. Father		Li		Deceased
1. FatherOccupation_		Li		
1. FatherOccupation_ Annual Inco	me	Li En	nployer	
1. Father Occupation_ Annual Inco 2. Mother	me	Li En L	nployer	<u>-</u>
1. FatherOccupation_ Annual Inco 2. MotherOccupation_	me	Li En L	nployer	Deceased
1. Father Occupation_ Annual Inco 2. Mother Occupation_ Annual Inco	me	Li En L En	nployer iving_ nployer	Deceased
1. FatherOccupation_ Annual Inco 2. MotherOccupation_ Annual Inco 3. Gparent/Gu	meardian	Li L En	iving_	Deceased
1. FatherOccupation_ Annual Inco 2. Mother Occupation_ Annual Inco 3. Gparent/Gu Occupation_	me meardian	Li L En	iving_	Deceased

All information contained herein to be kept strictly confidential

a)	Age:
b)	Age:
c)	Age:
d)	Age:
Γ THREE: EDUCATIONAL IN	FORMATION
1. To what Colleges, Universities,	Trade Schools have you made applications? If you know
you will be attending please list or	nly that one.
A	
B	
C	
2. What other Scholarships have y	ou received or do you anticipate receiving?
What other Scholarships have y Scholarship	,
	Amount
Scholarship	AmountAmount
Scholarship	AmountAmountAmount
ScholarshipScholarship	AmountAmountAmount

All information contained herein to be kept strictly confidential

PART FOUR: EXTRACURRICULAR PARTICIPATION

				YearYear	
				1 cai	
2. List commu	unity and/or Church high school.	activities in whic	h you have bee	n most significantl	y involv
				Year	
				Year	
3. List Two (2 student in high) of your most sign n school.	ficant leadership	roles, honors of	r awards extended	to you a
				Year	
				Year	
Γ FIVE: WOR	K EXPERIENCE			Year	
1. List Emplo		ı have worked. (E	mployers/Dutio	es/Dates)	
1. List Emplo	K EXPERIENCE yer(s) for whom yo	ı have worked. (E	mployers/Dutio	es/Dates)	
1. List Emplo	K EXPERIENCE yer(s) for whom yo	ı have worked. (E	mployers/Dutio	es/Dates)	
List Employ Z. Have you s Of your family	K EXPERIENCE yer(s) for whom yo	n have worked. (E	mployers/Dution	es/Dates) ge education? If so, cial expense for any	how mu
2. Have you s 3. Describe ar of your family	eved any money you	n have worked. (E	mployers/Dution	es/Dates) ge education? If so, cial expense for any	how m

PART SIX: PERSONAL RATIONALE

In the space below, please explain why you feel that you both NEED and MERIT a scholarship. In addition you may include a reference from an unrelated adult (ie. Teacher, pastor, employer).

High School Counselor:

Please contact Doris Lidiak 979-968-3819 pertaining to this application for scholarship.

Please note: A student will not be eligible to receive a scholarship unless their parent, grandparent or guardian holds membership in Hochheim Prairie Branch #117. Please stress that the student should verify this information before completing the application. It is so hard to have to tell a counselor or student they do not qualify after they have spent so much time and trouble completing the application, but I have had to do this many times, so please have them verify the membership in BRANCH # 117 to avoid the heartache, please.