

**BASTROP FEDERATION OF TEACHERS
SCHOLARSHIP APPLICATION**

BIOGRAPHICAL INFORMATION

(Please type or print in black ink.)

The items that follow are designed to collect information about your background, interests, and plans. Your response will be used only in connection with your application for this scholarship.

Name of Applicant (First, Middle, Last)

Social Security Number

Permanent Home Address (Street) (City) (State, Zip)

Home Telephone with area code Age Sex

Date of Birth (Month, Day, Year)

Father's Full Name (First, Middle, Last)

Mother's Full Name (First, Middle, Last)

House/Financial Information

Number of people living in your home? _____

Number of dependent children of your parent/guardian: _____

Household Gross Income: \$ _____

If someone other than a parent supports you, explain here:

Do you have a parent or grandparent that is a member of the Bastrop Federation of Teachers?

Yes No

If yes, what is the name? _____

SCHOLASTIC INFORMATION:

(Attach a copy of your unofficial high school transcript.)

Projected class rank? (24/450) _____

In what percent of the class do you fall? (Example: top 20%) _____

Grade point average (current): _____

What college or university do you plan to attend?

Have you applied? Yes No

Been accepted? Yes No

What do you plan to major in?

List your high school extra-curricular activities:

List your community service or volunteer activities:

List and describe your employment in the last four years, including length of

employment and average number of hours worked per week.

Use this space to provide other information you believe would be helpful to the Selection Committee in evaluating your application:

PERSONAL STATEMENT:

Please write a biographical statement describing your background, future plans, career goals, and why you should be awarded this scholarship.

SECONDARY SCHOOL REPORT RELEASE AUTHORIZATION

Name of applicant: _____

To comply with the Federal Privacy Rights of Parents and Students Act, a school must obtain a signed authorization before it can release student information for use in this scholarship program. Permission is hereby give to school officials to release the secondary school record and other requested information for consideration for the Bastrop Federation of Teachers Scholarship.

Student's signature

Date

Parent/Legal guardian's signature

Date

Note to school officials:

The above name student is an applicant for a scholarship. To process the application, we need a record of the student's secondary school academic performance. This information will be used only in connection with the selection of the recipient(s) and will be seen only by qualified persons involved in the selection process.

Please type or print in black ink the requested information.

.....
I certify that the above information is true and correct to the best of my knowledge.

Student's signature

Date

Parent/Legal guardian's signature

Date

School official's signature

Date

After completing this form, return it, an unofficial transcript for grades 9-12, and SAT or ACT scores to the counselors' secretary. This application must be completed and returned by
