



SCHOLARSHIP APPLICATION: To determine the scholarships for which you are qualified, go to WWW.SISD.NET, click on SISD FOUNDATION (blue tab on left), click on SCHOLARSHIP GUIDELINES (bottom of page).

Check Scholarship(s) for which you qualify

- SISD Foundation for Excellence in Education
- W. G. Barber Scholarship
- Marian McQuiddy Scholarship
- Al Cardenas Scholarship
- Dr. Sue Shook Scholarship
- James Butler Scholarship

NAME: _____ ADDRESS: _____

CITY: _____ STATE : _____ ZIP CODE: _____ Student ID # _____

HIGH SCHOOL: _____ EMAIL ADDRESS: _____

PHONE #: _____ CELL PHONE #: _____ BIRTHDATE: _____

Proposed educational institution, name and address:

ATTACH TO THIS APPLICATION THE FOLLOWING ITEMS, IN THE ORDER LISTED.

1. Resume showing:

- Intended major and degree sought
- Courses taken at High School
- Extracurricular activities
- Community service activities
- List areas of special interest, such as hobbies or talents

2. Three letters of recommendation: 1) from a SISD teacher, 2) from a SISD counselor or administrator, 3) from a community leader or extracurricular activity sponsor.

3. Tell us about yourself in a letter. Why do you want to receive this scholarship? Why should you be chosen over other applicants? You may include personal, financial and family considerations in this letter. Limit letter to two pages, single space, size 12 font.

4. Transcripts:

- High School academic transcript
- Results of standardized test/TAKS tests
- Results of SAT/ACT tests

5. List other scholarships granted (show source and amount).

6. How many years have you attended SISD schools? _____

Application must be complete, including signatures on PAGE 2.

SCHOLARSHIP APPLICATION: PAGE 2

In choosing recipients of scholarships, Foundation members will consider the entire application. We want to know you as an individual.

I hereby submit my application and authorize the SISD to furnish information required for my scholarship application. I have reviewed the scholarship requirements and certify that I meet the criteria. I certify that the information provided is complete and accurate as of the date of the application. I also authorize the publication of any award I might receive.

I certify that I am a US citizen or legal resident.

STUDENT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

HIGH SCHOOL COUNSELOR SIGNATURE

DATE

HIGH SCHOOL PRINCIPAL SIGNATURE

DATE

TO APPLY:

- 1. (Use correct information) Complete this form and return to Vicki Icard Director of Student Services, District Service Center, 12440 Rojas, El Paso TX 79928.**
- 2. Include the requested information as described.**
- 3. Incomplete applications will not be considered.**

This application must be received or postmarked by 5:00 PM on April 14, 2010 to be considered. Scholarship awards will be sent directly to the applicant's chosen college.

For information, contact Vicki Icard, Director of Student Services, at 937-0290.