KILLEEN CLASSROOM TEACHERS ASSOCIATION

STUDENT SCHOLARSHIP APPLICATION

(* To be eligible for this scholarship, a parent/guardian must be employed by KISD as full-time auxiliary personnel or certified personnel. Student must be graduating from a KISD High School during the 2021-2022 School Year)

Attach to this form:

- 1. Application document.
- 2. A typed 500 word essay on a separate piece of paper. The essay should
- 3. include your goals, where do you see yourself in five years, how will this scholarship help you meet your goals, why you should be considered for this scholarship, and what is your experience with college thus far.
- 4. Three **signed (hand written signature)** letters of recommendation-one of which must be from a teacher, counselor, or administrator.
- 5. **Official** High School transcript.
- 6. A list of other scholarships, financial aid, and grants for which you have applied.

I UNDERSTAND THE ELIGIBILITY REQUIREMENTS FOR THIS SCHOLARSHIP. I UNDERSTAND THAT THE SCHOLARSHIP WILL BE FORFEITED AND THE FUNDS RETURNED IF I AM UNABLE TO MEET THE REQUIREMENTS SET BY THE KILLEEN CLASSROOM TEACHERS ASSOCIATION. I FURTHER SIGNIFY THAT THE INFORMATION GIVEN ON THIS APPLIATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE	DATE		
PARENT SIGNATURE	DATE		

Applications must be postmarked by May 5th.

Mail all documents to:

Omar Esson, KCTA President c/o Dr Joseph Fowler Elementary School 4910 Katy Creek Ln, Killeen, TX, 76549 Phone: 254-336-1760

KILLEEN CLASSROOM TEACHERS ASSOCIATION STUDENT SCHOLARSHIP APPLICATION

Name:				
(Last)	(First)	(Middle)	
Social Security Number			Date of Birth	
Permanent Address: _	(Street)			
(City)	(State))	(Zip)	
Telephone Number				
Local Address(Street				_
(City)	(State)		(Zip)	
Parent Guardia	n (Circle C)ne)		
Name				_
Local Address				
(Street) (City)	(State)	(Zip)	
Parent/Guardian KISI KISD Place of Employ				_

Checklist for Application:

- 1. ____Application document.
- 2. ____A typed 500-word essay on a separate piece of paper. The essay should include your goals, where do you see yourself in five years, how will this scholarship help you meet your goals, why you should be considered for this scholarship, and what is your experience with college thus far.
- 3. ____Three *signed* letters of recommendation-one of which must be from a teacher, counselor, or administrator.
- 4. ___Official High School transcript.
- 5. ____A list of other scholarships, financial aid, and the amount(s).

Total family income (circle response)

Under \$10,000	\$10,000 - \$19,999	\$20,000-29,999
\$30,000-\$30,999	\$40,000-\$40,999	\$50,000-\$50,999
\$60,000-\$69,000	\$70,000-\$79,999	\$80,000-\$89,999
\$90,000-\$99,000	\$100,000-119,999	\$120,000-139,999

over \$140,000

Number of persons financially dependent on your family's income: _____

Name of Graduating High School_____

Month/Year_____

Cumulative High School Grade Average_____

Number and Rank in High School Graduating Class:

Number_____ Rank_____

College Grade Point Average (if Applicable) ______ College/University you wish to attend

Major(s)_____

Achievements and Activities: (Typed on a separate piece of paper)

For the following categories include the number of years, offices, honors, awards, and any other important information about that activity.

A. List all scholastic activities (Honor Society, Math Team, etc.), offices held, and/or awards received.

B. List all extra-curricular activities (Band, Yearbook, Drama, etc.), offices held, and/or awards received.

C. List all athletic activities and awards received.

D. List all community or volunteer activities (Church, Scouting, Clubs, etc.), offices held, and/or awards receive