

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

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) _____

