AARP Laredo Chapter 965 Scholarship (2019)

Submit to your counselor by: March 29, 2019 by 1pm

AARP Laredo Chapter 965 Scholarship (2019)
$500.00 (Books or Tuition only) to be paid to the College or University

Minimum Requirements

2.75 GPA (Submit copy of Transcript)
Graduating in May of 2019
Proof of acceptance into an Accredited College or University for Fall 2019
United States Citizen or Legal Resident
Must Live within the City of Laredo City Limits
Submission of a 700 to 900 word essay. Topic: What is your field of study and what are your post graduate plans?

Instructions
Submit your application utilizing your school's online general application form. Typed.
Submit 2 typed copies of Essay, one with your name and the name of your school on it, one without.
Submission Deadline: March 29, 2019.

United Independent School District
General Scholarship Application

School: Alexander (☐) LBJ ( ) United High ( ) United South ( )

Name of Scholarship_____ Date_____-_____-_____

Applicantôs Name_____U.S. Citizen (☐) Yes (☐) No
First Middle Last

Address_____ _____ _____
Number & Street Apt. No. P.O. Box # City Zip Telephone No.

Fatherôs Name_____Occupation_____ Yearly Income_____

Motherôs Name_____Occupation_____ Yearly Income_____

Guardianôs Name_____Occupation_____ Yearly Income_____
(If Applicable)

Total Number of Members in Family_____ Total Yearly Family Income$_____

Parent is member of civic organization? If yes, list: _____

Number of family members in household: _____

Number of family members attending college: _____

Name of College
Selection (s): _____
(1st Choice)

_____
(2nd Choice)

_____
(3rd Choice)

What career or field of study do you intend to pursue? _____
(1st Choice)

_____
(2nd Choice)

_____
(3rd Choice)

Are you a member of an organization? _____Which Organization? _____

What Elementary School did you attend? _____

List school club activities, community involvement, honors, and awards received and/or offices held: **Attach a Resume**

Community Service: ___☐___ Yes ___☐___No How many hours? _____

Supplementary Data
For
General Scholarship Application

1. Will you give UISD permission to release your application, transcript, assessment scores and any other pertinent information to the school or other Scholarship Review Committee in order to enhance your chances of obtaining a scholarship? ☐ Yes ☐ No
   If yes, please submit your SAT scores; _____ ACT scores: _____

2. I,_____ hereby give authorization to UISD
   Student name (print)
   release my name to the media as needed, in keeping with the educational philosophies of the district.

3. Please sign your name on this line: _____

4. (Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family.

(Use additional pages if necessary)

IUSD Form No. 872-012
December 2007