

Dr. J.M. Pickard Memorial Scholarship

The mission at Fannindel ISD is to educate and empower students for lifelong success!

DATE _____ DATE RECEIVED BY FISD _____

APPLICATION FOR: (CHECK SEMESTER APPLYING FOR)

_____ SPRING _____ YEAR NUMBER OF HOURS _____

_____ SUMMER I _____ YEAR NUMBER OF HOURS _____

_____ SUMMER II _____ YEAR NUMBER OF HOURS _____

_____ FALL _____ YEAR NUMBER OF HOURS _____

Note: Summer I and Summer II Semesters applications due April 1.
Fall Semester applications due July 1.
Spring applications due November 1.

Please print or type all information

NAME _____

LAST FIRST MIDDLE MAIDEN

ADDRESS _____

STREET CITY, STATE ZIP CODE

CELL _____ EMAIL ADDRESS _____

YEAR OF FANNINDEL GRADUATION: _____

COLLEGE/UNIVERSITY ATTENDING
OR PLANNING TO ATTEND _____
Name

Address, City, State, Zip Code

Have you applied? _____ Have you been accepted? _____
Yes/No Yes/No

ANTICIPATED CAREER/FIELD OF STUDY? _____

DEGREE WORKING TO OBTAIN _____

HOURS COMPLETED (if any) _____

EXPECTED YEAR OF GRADUATION _____

PLACE OF CURRENT EMPLOYMENT (If employed):

Name of business

Address

City State Zip Code

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LIST ANY CONCERNS/COMMENTS THE COMMITTEE SHOULD KNOW:

Attach the following materials to this application:

Current high school senior

- _____ Application
- _____ Letter of recommendation from school personnel
- _____ Letter of recommendation from community member
- _____ Letter of recommendation from other (such as employer, neighbor, business person)
- _____ Copy of latest high school transcript
- _____ Essay stating educational goals/why higher education is important to you

Fannindel Graduate (applying for first time)

- _____ Application
- _____ Three letters of recommendation (one from local community member)
- _____ Copy of latest high school/and or college transcript (**2.5 GPA required**)
- _____ Essay stating educational goals/why higher education is important to you

Reapplying Graduate

- _____ Application
- _____ Most recent official transcript with GPA (**MUST HAVE A 2.5 GPA FOR FULL FUNDING**)
- _____ Essay (if goals changed)

I certify that all the information on this application is true and correct to the best of my knowledge.

Applicant Signature

Date

Parent Signature if applicant is a minor

Date

Completed applications may be mailed or delivered to the address below.

Fannindel ISD
Dr. J.M. Pickard Memorial Scholarship
601 W. Main
Ladonia, Texas 75449