

CROCKETT CLASSROOM TEACHER'S ASSOCIATION

2019 Scholarship Application

This financial award is available to graduating high school seniors whose parents have been members of Crockett Classroom Teachers Association for at least three consecutive years including 2018-2019 (or 100% of time employed by CISD).

Name of Applicant _____

Mailing Address _____

Date of Birth _____

Name of High School _____

Graduation Date _____

Crockett C.T.A. Parent's Name _____

Campus Parent Works _____

Date of High School Awards Assembly _____

Please write a brief essay (one page) about your plans for the future and attach to this application. Include the name of school you plan to attend and your intended course of study.

I agree to submit proof of enrollment in an institution of higher learning within the 2019 calendar year to receive this financial award.

Please return this application to your Crockett CTA campus representative by May 1, 2019.

Signature of Applicant _____ Date _____