Grow Your Own Scholarship Application

Any currently employed Livingston ISD, who meets the eligibility requirements and is interested in being considered as an applicant for the LISD 'Grow Your Own' Scholarship is to complete this application in its entirety. Send the application via inner-office mail to Craig Davis at the Administration Office or fax the application to 936-328-2109. Applications are due by _____ for Fall/Spring consideration.

PERSONAL BACKGROUND

Name_____ EIN#_____

Current Position _____ Campus _____

Mailing Address _____

Phone (Home) _____ (Cell) _____

Email _____

EDUCATIONAL BACKGROUND

Colleges Attended *(please list all applicable)*

Institution/Location	Dates Attended	Course of Study/Major	Hours Earned	Degree & Date Awarded	GPA

Are you currently enrolled in a college/university _____
If yes, which college/university? _____
Number of hours you are currently taking _____

PRINCIPALS'S RECOMMENDATION:

_____ _____
Principal's Signature Date

I understand that this is an application for a scholarship award of up to $500 maximum per semester (based on taking 6 semester hours) at an accredited university.

_____ _____
Teacher/Paraprofessional's Signature Date