

*Houston County Career Women*  
*2019 Scholarship*

January 22, 2019

Dear High School Counselor:

The Houston County Career Women are pleased to announce our annual \$1,000 (Thousand Dollar) Scholarship. I am including instructions to be used as a master copy so you may distribute to any interested Houston County graduating senior students. The scholarship application should be returned no later than March 1, 2019. Please read the instructions carefully and note the deadline.

We look forward to receiving the applications for this local scholarship. Please contact me if you have any questions. My phone numbers are: Home # 936-624-2131 or cell # 936-546-1364.

Sincerely,

*Sherry Culp*

Sherry Culp

HCCW Scholarship Application Committee

307 FM 2967

Crockett, Texas 75835

1. **The recipient must be a graduating Houston County senior whose parents/legal guardians maintain permanent residence in Houston County.** High school seniors and non-traditional students may apply. (Non-traditional students include those students attending private, parochial or home school.)
2. **Scholarships granted to attend an accredited Texas institute of higher education.** This includes a 4-year College or University, Trade School (offering associate degree), Community College or Junior College, and Business College (offering associate degree).
3. **Applicant must be enrolled as a full time student. The Scholarship MUST be used the fall semester following the awarding of the scholarships.** In order for the scholarship payment to be issued, the student must submit to HCCW proof of enrollment and proof of full-time student status from the registrars office for current semester. Two scholarship payments of \$500.00 (five hundred dollars) each will be made payable to the student after receiving all required documentation.
4. **Applicant must furnish a certified copy of their transcript.**
5. **Scholarships will be awarded on basis of funds available and the applicants' eligibility.**
6. **Scholarships will judged based on the following criteria: academic performance, financial need, and extracurricular activities, community involvement, and work history.**
7. **Applications must be no later than MARCH 1, 2019.** Notification will be made by US MAIL after April 1, 2019.
8. **Attach typed or hand written essay describing your past community involvement.**

**Scholarship applications will be disqualified if not completed in its entirety and returned no later than April 1, 2019. Committee members if requested will pickup entries from Counselors/Schools.**

Please attach a **2x3 HEAD SHOT SCHOOL COLOR PHOTO ONLY – face down (name penciled in on back) and paper clipped to the first page. Please no email or cell phone photos.**

Application packages are to be addressed and mailed to:

**Houston County Career Women Scholarship Committee**

**307 FM 2967**

**Crockett, Texas 75835-7820**

# Houston County Career Women Scholarship Application

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am aware that if I am awarded this scholarship, I must provide Houston County Career Women with proof of enrollment from an accredited post-secondary institution of which I will be considered a full-time student (at least 12 credit hours).

I agree to permit the review of this application and my school records by anyone representing Houston County Career Women and it's appointed Scholarship Review Committee. I also agree to give permission to Houston County Career Women to use my photo in all forms of media for the purpose of announcing and promoting the Houston County Career Women Scholarship.

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Signature of Parent.      Date

**Part I - School Related**

Name of High School: \_\_\_\_\_

College or University Plans (First Choice): \_\_\_\_\_

(Second Choice): \_\_\_\_\_

Have you applied for admission? \_\_\_\_\_ Accepted? \_\_\_\_\_

**What do you plan to major in while attending college and why have you chosen this field?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II - Family Information**

Father/Guardian Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother/Guardian Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of dependent children in family (Including Applicant): \_\_\_\_\_

Ages of dependent children (Including Applicant): \_\_\_\_\_

Number of immediate family members currently in college: \_\_\_\_\_

Family Total Income (Please circle the range that best applies to your family.)

\$0 - \$50,000    \$50,000 - \$100,000    \$100,000 - \$150,000    \$150,000 - \$200,000

**Applicant's Work Experience:**

Name of Employer: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Have you received any other scholarships: \_\_\_\_\_ If so, how much? \_\_\_\_\_

**Part III - Extracurricular & Community Activities** (attach additional sheets if necessary)

List any academic honors, accomplishments or awards received in school:

Honor	Date Received

List any school clubs, teams, or other extracurricular activities:

Activity	Dates	Responsibilities

**Scholarship Program Application Checklist**

Application is NOT Complete without each of the following:

- Application completed and returned.
- Official transcript/GPA from last school attended [signed by Principal or Counselor]
- Essay - Must be at least one paragraph and if hand written must be legible.
- Two Recommendation forms (One by any faculty member of high school attending, and one by [Non-family] member of the community.)

**Instructions for Recommendation Form [This form may be copied for second blank form.]**

1. **STUDENT** must sign recommendation letter where indicated prior to completion.
2. This recommendation form must be completed, and placed in a **SEALED ENVELOPE**, and returned with the scholarship application. Please sign and provide any additional personal comments and return the sealed envelope to the student.
3. **STUDENTS: Recommendations must be received SEALED along with your completed application and official GPA / transcript.**

APPLICANT'S NAME: \_\_\_\_\_

"In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by the Administrators of the Houston County Career Women Scholarship Program for the use in scholarship selection only."

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

I know the person listed above in the following manner \_\_\_\_\_

Applicant has been involved in school and community actives for the four years of high school including their senior year: Yes \_\_\_ No \_\_\_

**CHECK THE APPROPRIATE BOXES FOR THE APPLICANT.**

	Below Average	Average	Above Average	Exceptional
<b>Initiative/Motivation</b>				
<b>Intellectual Curiosity</b>				
<b>Written Communication</b>				
<b>Creativity</b>				
<b>Emotional Maturity</b>				
<b>Self Confidence</b>				
<b>Leadership/Influence</b>				
<b>Responsibility</b>				
<b>Integrity</b>				
<b>Concern for Others</b>				
<b>Respect by Peers</b>				
<b>Respect by Faculty</b>				
<b>Reaction to Setbacks</b>				

PERSONAL COMMENTS: Note may use back of this form for additional comments.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name