

Student's Identification No. \_\_\_\_\_

Class Size \_\_\_\_\_

Student's Current Enrollment \_\_\_\_\_ Martin \_\_\_\_\_ Nixon \_\_\_\_\_ Cigarroa \_\_\_\_\_ Early College

Rank \_\_\_\_\_

G.P.A. \_\_\_\_\_

Passed EOC (all 5 areas)

\_\_\_\_ Yes \_\_\_\_ No



### Laredo Independent School District General Scholarship Application

Name of Scholarship \_\_\_\_\_

Applicant's Name \_\_\_\_\_ U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No Resident Alien \_\_\_\_ Yes \_\_\_\_ No

Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name & Number Apt. No. P.O. Box Number City Zip No. Telephone No.

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Yearly Income \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Yearly Income \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Yearly Income \_\_\_\_\_

Total Number of Members in Family \_\_\_\_\_ Combined Yearly Family Income \_\_\_\_\_

If parents receive public funds, please specify annual amount (s): Retirement \_\_\_\_\_ Pension \_\_\_\_\_

Disability \_\_\_\_\_ AFDC Benefits \_\_\_\_\_ Other \_\_\_\_\_ Total Combined Income \_\_\_\_\_

Parent is member of civic organization. If so, list

List all brothers and sisters dependent on parent or guardian: (use back if necessary)

Name	Age	School or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Housing Payment \_\_\_\_\_

Name your College selection: \_\_\_\_\_  
(1<sup>st</sup> Choice) (2<sup>nd</sup> Choice) (3<sup>rd</sup> Choice)

Major in College: \_\_\_\_\_  
(1<sup>st</sup> Choice) (2<sup>nd</sup> Choice) (3<sup>rd</sup> Choice)

Are there any family members attending college? \_\_\_\_ Yes \_\_\_\_ No If yes, how many? \_\_\_\_\_

Are you a member of a church youth organization? \_\_\_\_ Yes \_\_\_\_ No What Church? \_\_\_\_\_

What elementary school did you attend? \_\_\_\_\_

Have you held a part time job? \_\_\_\_ Yes \_\_\_\_ No If Yes, list dates and place of employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supplementary Data

1. Will you give the Laredo Independent School District permission to release your application to the school or other scholarship review committees in order to enhance your chances of obtaining a scholarship? \_\_\_\_ Yes \_\_\_\_ No
2. I, \_\_\_\_\_ hereby give authorization to LISD to release my name and award to the media as needed, in keeping with the educational philosophies of this and/with other foundations.
3. Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_
4. (Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family that would be helpful to the Student Application Committee assessing your financial need for assistance requested.
5. Essay **“How I will use the scholarship to further my education.”** (Please attach typed document.)

Please include the following:

\_\_\_\_ Resume

\_\_\_\_ Essay