Nacogdoches High School
Alumni Scholarship
ONLY Return to the **NHSAA office** (Room 500 @ NHS)
MUST BE SUBMITTED BY: MARCH 3, 2016 at 5:00 p.m.

COVER PAGE

Name:_____

ONLY COMPLETE APPLICATIONS TURNED IN BY MARCH 3, 2016 at 5:00 p.m. WILL BE CONSIDERED

In order to be considered as complete, the following must be available.

- ☐ A completed application. *Parent must sign on last page.*
- ☐ Completed Academic – Counselor's section signed
- ☐ Must complete Family Income section
- ☐ Three letters of recommendation from teachers, counselors, principals, coaches, club sponsors or other community members as appropriate.
- ☐ Essay using topic specified in NHSAA application
- ☐ A recent head and shoulders photograph of the applicant. (Similar to photo used for ACT or SAT) Photo can be copied and pasted into square on application or printed and placed in square. Glossy is not required.

If you have any questions/concerns contact: NHS Alumni Office
936-462-1403, NHS Room 500
nhsalumni@nacisd.org

Scholarship Application

NHS ALUMNI ASSOCIATION

Complete and return to the **NHSAA office** (Room 500 @ NHS)
MUST BE SUBMITTED BY: MARCH 3, 2016

Attach a recent head and shoulders photograph. This is for identification purposes to put a face with a name. Professional photographs are not necessary. Photocopies of the photographs are acceptable.

Contact the NHS Counselor or the NHSAA Alumni office for help. Incomplete applications **will not** be considered.

PLEASE TYPE OR PRINT:

Full Name: _____
First Middle Last

Mailing Address: _____
Street City Zip

Phone Number: _____ Date of Birth: _____

Email Address: _____

ACADEMIC - COUNSELOR'S SECTION (*TRANSCRIPT NOT REQUIRED)*

You must have your counselor complete this section using your school's grading and ranking system. Give to counselor at least a week before due date.)

GPA on 100 _____ Rank:_____ of _____ Date of rank:_____

ACT Composite:_____ SAT:_____ (cr & math only)

_____ Date signed:_____

EXTRACURRICULAR/AWARDS & HONORS/COMMUNITY SERVICE:
List clubs and organizations in and out of school. Attach resume for additional items.

Organizations	Member/ offices	Years	Describe

Awards/Honors	Year	Describe

List community service and volunteer hours:

Volunteer service	Year	Hours	Describe

WORK EXPERIENCE (Paid or unpaid)

Employer	Duties	Dates of Employment

APPLICATIONS TO COLLEGES:

College Application	Major	Accepted/denied/pending

TO BE CONSIDERED AS COMPLETE APPLICATION – FAMILY INFORMATION**:**
List only individuals in household at time of graduation.

Father/Step-Father_____Employer:_____

Mother/Step-Mother_____Employer:_____

Number children in family including self: _____ Ages: _____ Including self, # in college Fall 2016: ___

Adjusted gross income from 2015 Tax Return completed by parent or parents where you live. (www.fafsa.gov required by all colleges).

☐$0-$20,000 ☐$21,000-$40,000 ☐$41,000-$60,000

☐$61,000-$80,000 ☐$81,000-$100,000 ☐$100,000+

SCHOLARSHIPS RECEIVED:

Please list scholarships you have definitely received, not just completed application:
_____

OTHER INFORMATION:
This applicant for the NHSAA Scholarship is shown to have good character and conduct:
☐ Yes
☐ No: examples:_____

Assistant Principal signature:_____

LETTERS OF RECOMMENDATION:
Three letters of recommendation must be attached. Letters from teachers, principals, coaches, club sponsors or community members from work, church, or other outside entities are acceptable. Letters should describe additional personal strengths. Your academic information is provided in Counselor Section.

Name **Occupation** **Contact Info**

_____

_____

_____

ESSAY BY APPLICANT:
Write a 300- 400 word essay expressing how your school experiences-academics, extracurricular activities, outside activities and work experiences-are shaping your educational and career goals, why you should be considered for scholarship support, and any financial or other information you wish to share that may be of importance to the selection committee. This is an opportunity to share your strengths, goals, and special circumstances that may impact your college education.

GUIDELINES:

Any Scholarship funds managed by the NHS Alumni Association not drawn by the recipient by March 31, 2018, will be forfeited.

I agree to notify the NHSAA office of any change in my address or educational plans if I receive an award.

I certify this is my application for an NHSAA scholarship and that I have prepared this application as accurately as possible and to the best of my ability.

I understand a thank you letter must be sent to the donor with a copy sent to the NHS Alumni Association prior to disbursement of scholarship funds to the designated college.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date