

**SAN ANTONIO WOMEN'S HALL OF FAME  
COLLEGE OR UNIVERSITY  
SCHOLARSHIP APPLICATION** (rev 2/10)

**\*scholarships available to female students residing in Bexar County, only**

(All Information Must Be Typed or Printed)

**An incomplete application is subject to disqualification.  
If question does not apply to you, please note N/A.  
All documentation requested must be attached to completed application.**

**STUDENT INFORMATION**

NAME \_\_\_\_\_  
Last First Name MI

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(Month/Date/Year)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE TX ZIPCODE \_\_\_\_\_

PHONE # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CURRENT GRADE POINT AVERAGE (GPA)\* \_\_\_\_\_  
\*An official transcript from previous semester must be included with application.

COLLEGE PRESENTLY ATTENDING \_\_\_\_\_

COLLEGE YOU WILL BE ATTENDING IN FALL 2009, IF DIFFERENT FROM PRESENT COLLEGE:  
\_\_\_\_\_

**FAMILY INFORMATION**

ARE YOU THE SOLE INCOME EARNER FOR YOU AND YOUR FAMILY? YES / NO

IF NO PLEASE ANSWER THE FOLLOWING QUESTIONS:

MARITAL STATUS OF PARENT/GUARDIAN: Single Married Separated Divorced  
(Please Circle One)

**\*NOTE: If you are still financially supported by your family, complete this section**

FATHER'S/GUARDIAN'S NAME \_\_\_\_\_

FATHER'S/GUARDIAN'S OCCUPATION \_\_\_\_\_

MOTHER'S/GUARDIAN'S NAME \_\_\_\_\_

MOTHER'S/GUARDIAN'S OCCUPATION \_\_\_\_\_

TOTAL FAMILY INCOME (Please Check One):  
[INCLUDE SOLE INCOME EARNER]

Less than \$16,000	_____
\$16,001 to \$20,000	_____
\$20,001 to \$30,000	_____
\$30,001 to \$40,000	_____
\$40,000 to \$50,000	_____
\$50,001 to \$60,000	_____
Over \$60,000	_____

TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD \_\_\_\_\_  
(Include parents, brothers, sisters and husband)

DO YOU RESIDE WITH YOUR PARENT/S OR GUARDIAN? \_\_\_ YES \_\_\_ NO

HOW MANY SISTERS/BROTHERS HAVE BEEN OR ARE IN COLLEGE? \_\_\_\_\_

**\*NOTE: If you financially support yourself, complete the following:**

Total Annual Income: \_\_\_\_\_

### APPLICANT'S FINANCIAL STATEMENT

#### **Estimated Costs**

Tuition \_\_\_\_\_

Books & Educational Supplies \_\_\_\_\_

Room & Board \_\_\_\_\_

**TOTAL** \_\_\_\_\_

#### **Estimated Income**

Scholarships \_\_\_\_\_

Fellowships \_\_\_\_\_

Grants (Pell, SEOG, State) \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Student Loans \_\_\_\_\_

Employment \_\_\_\_\_

Parent's Support \_\_\_\_\_

**TOTAL** \_\_\_\_\_

## PERSONAL STATEMENT

Please attach to this application a one page statement addressing the following:

Career Goals  
Achievements  
How You Plan to Help Others Like Yourself in the Future  
Participation in Extra-Curricular Activities

## REFERENCE

Please attach one letter of reference on school letterhead from a school official who can discuss your academic and personal achievements as well as your potential for future success. Please have that person comment on your academic status. The letter should address qualities such as maturity, motivation, self-confidence, leadership and commitment to continue your studies. Please do not send copies of letters previously used for other scholarship applications. **The reference letter must be addressed directly to the San Antonio Women's Hall of Fame Scholarship Committee.**

For an application to be complete, all questions must be answered, have all the necessary documentation, be **postmarked no later than March 31st** and **received by mail no later than April 5<sup>th</sup>**. The necessary documentation includes the following:

- copy of official transcript in a sealed envelope
- typed personal statement
- letter of reference

**Incomplete or late applications will not be considered. No exceptions.**

Send completed application to:

**Dr. Mary Jo McLaughlin  
Scholarship Co-Chair  
San Antonio Women's Hall of Fame  
c/o Academy of Creative Education  
3736 Perrin Central Bldg. #2  
San Antonio, TX 78217**

**For more information call 657-8970 or e-mail Mary Jo at  
<mailto:mmclau@neisd.net>**

The information provided in this scholarship application is true and correct. I understand that the scholarship will only be awarded if I attend a two or four year college/university.

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Signature of Student

Date

Student's Email address: \_\_\_\_\_