THE FRIENDS OF CONROE SCHOLARSHIP APPLICATION

Name	<u>9</u>
Addre	ess
	State/Zip Code
	act Phone Number
Email	Address
Name	e of High School Attending
1.	What college, university, trade or technical school do you plan tattend?
2.	Have you been accepted?
	In what subject do you plan to major or certification do you plan to obtain?
4.	What is your chosen vocation and why?
5.	Will it be necessary for you to provide part of the financing for your education?
6.	Do you currently work? If so, where?
	How many hours per week? Will it be necessary for you to work while taking college/advance training classes? If so, how many hours per week do you plan to work?

7. Have you accepted any other scholarships?
If so, in what amount?
8. Would you be willing to introduce yourself at one of The Friends of Conroe monthly meetings?
List the names, email addresses, and current positions of two staff members at your school as references.
1
2
Please state your needs for a scholarship and what value it would be t you.

Answer the following. You may attach a separate resume or activities sheet instead.

1.	while in high school.			
2.	 List your hobbies, outside interests, extracurricular activities an school related volunteer activities. 			
3.	List your non-school sponsored volunteer activities in the community.			

ESSAY

On a separate sheet, please write or type and attach an essay (300 words or less) answering the topics below

^{*}Describe in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

^{*}Discuss how volunteer or community service (either by giving or receiving the service) has shaped who you are today and what community service has taught you.

STATEMENT OF ACCURACY FOR STUDENTS

- *I hereby affirm that the stated information provided by me is true and correct to the best of my knowledge. I consent that, if chosen, my picture may be taken and used to promote this scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)
- *I hereby understand that, if chosen, I will try my best to be present at any potential awards ceremony or reception in May 2024 to receive my scholarship award.
- *I hereby understand that, if chosen as a scholarship winner, it is my responsibility to remit the appropriate information for my scholarship to be paid directly to my educational institution.
- *I hereby understand I must submit this application with all required attachments and supporting information. Incomplete applications or applications that do not meet the eligibility criteria <u>will not</u> be considered for this scholarship.

Signature of Applicant				
Date				

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to The Friends of Conroe.
Name of Guidance Counselor:
High School:
Contact information (email and phone):
Signature of Guidance Counselor:
Date:
High School transcript must be attached.
PLEASE PRIORITY MAIL APPLICATION FORMS TO:
THE FRIENDS OF CONROE
101 SOUTH MAIN
CONROE, TX 77301 936-539-6009
OR EMAIL TO ADMIN@FRIENDSOFCONROE.COM
CHECKLIST (All must be returned for application to be considered.)
Completed Application
Essay
Resume/Activity Sheet if needed
Signed Statement of Accuracy for Students
Statement of Support by Guidance Counselor
High School Transcript
PLEASE COMPLETE THE REQUIRED FORMS AND RETURN TO YOUR HIGH SCHOOL CAREER CENTER NO LATER THAN MARCH 20, 2024