

2015 MERIT SCHOLARSHIP PROGRAM APPLICATION FORM

OVERVIEW & ELIGIBILITY

The East Montgomery County Scholarship Foundation (EMCSF) is proud to offer a \$500 merit-based college scholarship available to deserving students who plan to continue their college education. The scholarship will be awarded to students who demonstrate academic excellence, leadership and service, and financial need.

To be eligible for the EMCSF Merit Scholarship, the applicant:

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	Must have a cumulative college-level GPA of 2.75 on a 4.0 scale for all coursework completed, regardless of institution attended. If the student has attended more than one school, transcripts may be recalculated to determine the cumulative GPA for all college-level coursework taken. GPA is evaluated at the point of application.
	Must have a minimum of 48 semester college-level credits completed by December 31, 2014.
	Must be a previous recipient of EMCID/East Montgomery County Scholarship Foundation funding.
	Must demonstrate leadership and service.
	Must demonstrate financial need.
A con	npleted Scholarship Application, received no later than March 1, 2015, will include the following:
	Completed application form,
	An official copy of the student's most recent college transcript, and
	A 400 to 500 word typed essay on the topic described in Section III.
	e go to <u>www.emctx.com/scholarships</u> or contact Suzanne Parmer, Office Administrator, at 281.354.4419 ny questions.

Applications for the EMCSF Merit Scholarship will be accepted only between February 1 and March 1 each year. You may drop off or mail your completed application form and documents, to be **received no later**

Drop off:

East Montgomery County Scholarship Foundation c/o East Montgomery County Improvement District 21575 U.S. Highway 59, Suite 200 New Caney, TX 77357

than March 1, 2015, to the address below:

Mail to:

East Montgomery County Scholarship Foundation c/o East Montgomery County Improvement District P.O. Box 1019 New Caney, TX 77357-1019



2015 MERIT SCHOLARSHIP PROGRAM APPLICATION Deadline: March 1, 2015

SECTION I: PERSONAL INFORMATION

Name:Last			
Last Home Address:	First	_ City, State, Zip:	Middle Initial
College Address:		City, State, Zip:	
Phone (best reached at):	Email:_		
Facebook/Twitter/social media pages/en	mail:		
Date of Birth: Month/Day/Year Are you a U.S. Citizen? Yes No			
Parent(s) Name(s):			
Address:		City, State, Zip:	
Phone:			
SECTION II: COLLEGE/UNIVERSIT			
Educational institution at which you wi	sh to use your schol	arship:	
Degree being pursued:			
Major:	Min	or (if applicable):	
Number of college credits earned to dat	te: Nun	nber of credits required	d for graduation:
Expected Graduation date: C		Cumulative GPA:	
Month/Ye			
Colleges and universities attended, date			



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<u>PLEASE NOTE</u>: You may substitute or include separate sheets of paper for any or all of the sections that follow (Sections III to VI) as long as the information is clearly labeled and structured like the tables.

SECTION III: ESSAY

The essay should be 400-500 words on a separate sheet(s) of paper typed and double spaced. Describe how your previous receipt of Foundation funds has impacted your college experience. If you are selected as a recipient of the Merit Scholarship, how will this facilitate your continued success in college?

SECTION IV: HONORS, AWARDS & ACTIVITIES

Please list below all scholastic, extra-curricular, civic awards and honors you have earned. Clearly state the nature of the award, the grantor, the purpose and year.

Award Name	Name of Grantor	Purpose/Nature of Award	Year

List clubs, sports and activities that you have participated in at college, starting with the most recent. If necessary, attach a separate sheet of paper structured identically to the table below. <u>Please list approximate total hours served, not average hours per week.</u>

Name of School/ Organization & Location	Type of Activity	Year	Total Hours



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SECTION V: LEADERSHIP

List any leadership roles. Please note how these roles will help you through college and in your career. You must state the name of the organization, years involved, and number of hours committed to the organization per year. Please list approximate total hours served, not average hours per week. (Add additional pages if necessary).

EXAMPLE

Hours/Yr
Hours/Yr
Hours/Yr

SECTION VI: STUDENT'S EMPLOYMENT HISTORY

Name of Employer	Position	Date From	Date To



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SECTION VII: FAMILY FINANCIAL STATEMENT

Family's Adjusted Gross Income (IRS 1040): □ \$0 - \$24,999 □	\$25,000 - \$49,999 🗆 \$50,000 - \$74,999
□ \$75,000 - \$99,99	99 🗆 \$100,000 +
Number of siblings living at home: Ages of siblings:	
Number of siblings attending college:	
PROJECTED EXPENDITURES (FOR ONE YEAR OF COLLEG	<u>E)</u>
The Cost of Attendance can usually be found on the college's finar	ncial aid website.
Tuition	\$
Room and board (if applicable)	\$
Books and supplies	\$
Incidental expenses	\$
Personal expenses (e.g. clothing, gas)	\$
Total Estimated Expenses	\$
SECTION VIII: SIGNATURE	
I certify that all of the information I have provided to the EMC complete and accurate to the best of my knowledge. Upon requadditional information that may verify the accuracy of such inform as part of this application must be authentic and that if I purpose will be disqualified. Furthermore, I acknowledge that certain informaty be subject to the Texas Public Information Act and, there request. Furthermore, I give the EMCSF permission to use my my within the application or provided to the EMCSF in connection financial information that is excepted from disclosure under the publicity purposes without consent or compensation. I hereby ho County Improvement District harmless from and against any and liability arising out of or in any way related to the application for a EMCSF.	uest, I agree to provide the EMCSF any ation. I agree that all documents submitted by give false or misleading information, I mation that I have provided to the EMCSF by, available to the general public upon name and any other information contained with this application (except for certain TPIA) for advertising, promotional and ld the EMCSF and the East Montgomery all claims, damages, costs, expenses and
Applicant Signature:	Date:
Applicant Printed Name:	