

Student's Identification No. _____

Class Size _____

Student's Current Enrollment _____ Martin _____ Nixon _____ Cigarroa _____ Early College

Rank _____

G.P.A. _____

SAT/ACT _____

Passed EOC (all 5 areas)

Yes ___ No ___



Laredo Independent School District General Scholarship Application

Name of Scholarship _____ Date ____/____/____

Applicant's Name _____ U.S. Citizen ___ Yes ___ No Resident Alien ___ Yes ___ No

Address _____ (____)
Name & Number Apt. No. P.O. Box No. City Zip Code 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 Family/All Source Income Total _____

If parents receive public funds, please specify monthly amount(s): Retirement _____ Pension _____
Disability _____ AFDC Benefits _____ Other _____ Total All Source Income _____

Parent is member of civic organization. If so, list

List all Brothers and Sisters dependent on parents or guardian: (Use back side if necessary)

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

Monthly Housing Payment _____

Name your College selection: _____
(1st Choice) (2nd Choice) (3rd Choice)

Major in College _____
(1st Choice) (2nd Choice) (3rd 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 LISD permission to release your application to the school or other scholarship review committee in order to enhance your chances of obtaining scholarships? ____ Yes ____ No
2. I, _____ hereby give authorization to LISD to release my name and award to the media as needed, with the educational philosophies of this and/or other foundations.
3. Applicant's 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.)

If your scholarship requires it, please include the following:

- ____ Resume
- ____ SAT/ACT Scores
- ____ Essay
- ____ College Acceptance Letter
- ____ Transcript (if applicable)