



Texas Educational Support Staff Association,

**Application for Scholarship
Lorene Roby Rogers Scholarship Fund**

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Place of Employment: _____

TESA Member: YES NO Membership Number: _____

NAEOP Member: YES NO Membership Number: _____

College of attendance: (attach transcripts)

Attach additional sheets if needed:

Reason for requesting scholarship: _____

Applicant's background: _____

Course of study _____

General Information: _____

Letters of reference attached

Applicant Signature

Date

Application Deadline: February 25th

Return to:
Scholarship Chairman
TESA Central Office
PO Box 1565
Austin, TX 78767