

Texas Educational Support Staff Association, Inc.



Founders' Scholarship Application

Application Deadline: February 25

Return to:

Scholarship Chairman
TESA Central Office
P.O. Box 11825
Killeen, TX 76547



Texas Educational Support Staff Association, Inc.
Founders' Scholarship

GUIDELINES

In April 2006, the Texas Educational Support Staff Association established the Founders' Scholarship. This scholarship was created to honor past TESA leaders and members who laid the foundation for this association. This scholarship is for children, grandchildren, and great-grandchildren of active TESA members. Recipients must be graduating high school seniors.

Requests are to be made to the scholarship committee for review. This committee will present those applications deemed qualified for receipt of scholarships to the Executive Board at Spring Board meeting. The amount of each scholarship will be left to the discretion of the Board but shall not exceed \$400 in any fiscal year.

All scholarships are to cover directly administered school expenses only. Checks shall be issued to the recipient upon presentation of paid receipts of school-administered expenses. The scholarship will be limited to \$400 for any individual.

If funds are available, several scholarships may be made. The total amount of the scholarship to be used annually is not to exceed 50 percent of funds available as of March 1 of each fiscal year.

The applicant must be the child, grandchild, or great-grandchild of an active TESA member, of good character, and seeking to further formal education.

Application forms for the scholarship are available from the TESA Central Office. Application must be completed and postmarked by February 25.

To qualify, applicant must:

1. Be a graduating high school senior.
2. Complete the required application and provide:
 - a. Biographical information
 - b. Official high school transcript
 - c. 1-3 letter(s) of recommendation
3. Submit a keyboard generated Application Form. No handwritten applications accepted.

NOTE: FAILURE TO SUBMIT ALL REQUESTED INFORMATION AND TO FOLLOW ALL GUIDELINES WILL RESULT IN DISQUALIFICATION. NO EXCEPTIONS WILL BE MADE!

MAIL COMPLETED APPLICATION PACKET TO:

**Scholarship Chairman
TESA Central Office
P.O. Box 11825**



Texas Educational Support Staff Association, Inc.
Founders' Scholarship

Have you included?

- Completed Application Form
- Completed Biographical Information Form
- Essay of career goals
- High School Transcript(s)
- 1-3 Letter(s) of recommendation

Send completed application to:

Scholarship Chairman TESA
Central Office
P.O. Box 11825
Killeen, TX 76547

APPLICATION MUST BE POSTMARKED NO LATER THAN FEBRUARY 25.

You are encouraged to send your application by Certified Mail to ensure delivery.



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Founders' Scholarship

BIOGRAPHICAL INFORMATION

Form must be keyboard generated. No handwritten applications accepted.

1. Legal Guardian's Name: _____
(First, Middle, Last Name)

Address: _____ City/Zip: _____
Street/PO Box

Telephone Number: Home: _____ Cell: _____

Email address: _____

2. Number of dependents (excluding you) names, ages, and school attending:

Name	Age	School

3. Your career plans (Attach essay to Application Form).

4. Will your legal guardian(s) assist you financially in continuing your education? YES NO

5. Please check the range of your family's annual income:

- Below \$15,000
 \$20,000-\$24,999
 \$30,000-\$34,99
 \$40,000-\$44,999
 \$50,000-above
 \$15,000-\$19,999
 \$25,000-\$29,999
 \$35,000-\$39,999
 \$45,000-\$49,999

6. List any other family/financial circumstances which should be considered.

I certify the above information to be true and correct.

Signature of Applicant

Date

APPLICATION RECEIVED BY TESA OFFICE: _____



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APPLICATION FORM

Form must be keyboard generated. No handwritten applications accepted.

TESA MEMBER INFORMATION

Name: _____ Membership Number: _____
(First, Middle, Last Name)

Relationship to Applicant: Child Grandchild Great Grandchild

Address: _____ City/Zip: _____
Street/PO Box

Telephone Number: Home or Cell: _____ Office: _____

E-mail address: _____

CANDIDATE INFORMATION

Date of Application: _____

1. Full name: _____
(First, Middle, Last Name)

Address: _____ City/Zip: _____
Street/PO Box

Telephone Number: Home: _____ Cell: _____

2. Last G.P.A.: _____ 3. High School Graduation Date: _____

4. List of Community (*non-school*) activities, including any offices held:

5. List of school extracurricular activities, including athletics, music, etc., and any offices held:

6. Academic Awards and Honors: