

LaCORE

Family Foundation

Class of 2024

Scholarship Application

Applicant Information:

Student ID#: _____

First _____ **Middle** _____ **Last** _____

Address _____ **City** _____ **Zip** _____

Home phone: _____ **Cell:** _____

Email: _____

Household Information

How many children under 18 years of age are in your household? _____

How many children currently attending college are being supported by your household now? _____

Melissa ISD Attendance

Please list all Melissa schools you have attended and the grades you completed at each:

Melissa Elementary School (1-3)

Grades:

Melissa Ridge Intermediate School (4-5)

Grades:

Melissa Middle School (6-8)

Grades:

Melissa High School (9-12)

Grades:

Education & Career Goals

| |
|--|
| What field of study do you plan to pursue in college? |
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| What are your career goals? |
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| What has inspired you to choose this path for your future? |
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Collin College

| | | |
|--|------------------------------|-----------------------------|
| Have you considered attending Collin College for 1 to 2 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you consider attending Collin College for 2 years if a scholarship were available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what is your main consideration for attending Collin College? | | |
| <input type="checkbox"/> Financial burden of 4-year college away from home. | | |
| <input type="checkbox"/> Other reason(s). Please indicate below. | | |
| | | |

Paying for College

Scholarships and Financial Aid

Have you applied for and/or received any grants or financial aid? Yes No

Have you applied for and/or received any grants or financial aid? Yes No

If yes, please list below:

Have you received any scholarships from other sources? Yes No

If yes, please list below:

Family Financial Plan

How are you and your family planning to pay for your college education? (Check all that apply).

- | | | |
|---|--|--|
| <input type="checkbox"/> Designated savings account | <input type="checkbox"/> Texas Tomorrow Fund (\$529 account in your name, already established) | <input type="checkbox"/> Pay as you go or credit |
| <input type="checkbox"/> Private loans | <input type="checkbox"/> Designated savings account (from a source other than your parents) | <input type="checkbox"/> FAFSA determination |
| <input type="checkbox"/> Student employment | <input type="checkbox"/> Federal direct loans | <input type="checkbox"/> Merit-based scholarships & grants |
| <input type="checkbox"/> Other sources (please describe): | | |

What is your main reason for applying for a scholarship?

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> Academic or Leadership | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | |

Is financial assistance a factor in your ability to go to college?

If yes, please describe the factor(s) below. You may attach an additional page titled *Financial Assistance* if necessary.

UIL Competitions & Student Organizations

UIL Fine Arts & Yearbook Staff

If you participated in any UIL competitive fine arts while at Melissa High School, please check the box below and indicate the number of years:

- Art _____ yrs Debate _____ yrs Other: _____ yrs
- Choir _____ yrs One Act Play _____ yrs _____ yrs
- Band _____ yrs Yearbook Staff _____ yrs _____ yrs
- Speech _____ yrs _____ yrs

If you held an office or leadership position with any of these organizations, please indicate which organization, the position held and when:

UIL Academic Competitions:

If you participated in any UIL academic competitions, please indicate the subject(s) below and how many years below:

- | | | |
|------------------|------------------|------------------|
| 1. Subject _____ | 2. Subject _____ | 3. Subject _____ |
| # years _____ | # years _____ | # years _____ |
| 4. Subject _____ | 5. Subject _____ | 6. Subject _____ |
| # years _____ | # years _____ | # years _____ |

UIL Athletics

If you participated in any MHS UIL athletics in high school, please check below and indicate how many years you participated:

- Football _____ yrs Track _____ yrs Cheerleading _____ yrs
- Volleyball _____ yrs Cross country _____ yrs Colorguard _____ yrs
- Basketball _____ yrs Power lifting _____ yrs Soccer _____ yrs
- Baseball _____ yrs Golf _____ yrs Wrestling _____ yrs
- Softball _____ yrs Tennis _____ yrs Other _____ yrs

If you held a leadership position in or you were a captain on any of these teams, please list:

If you participated in any UIL or school events / organizations *not* already mentioned, please list:

MHS-Sponsored Clubs

LaCore Family Foundation Scholarship Application

Please indicate if you were a member of any of the clubs below and for how long.

- Interact** ___ yrs **NHS** ___ yrs **Other** ___ yrs
- STUCO** ___ yrs **Engineering** ___ yrs _____
- FCA** ___ yrs **Robotics** ___ yrs

If you held an office or leadership position with any of these organizations, please list below:

| <u>Club / Organization</u> | <u>Leadership Position</u> | <u>When?</u> |
|----------------------------|----------------------------|--------------|
|----------------------------|----------------------------|--------------|

Non-school Activities and Organizations

List any non-school sponsored extracurricular activities and organizations (sports, clubs, scouts etc.) in which you have participated during high school.

Please indicate if you held leadership positions in any of these activities.

Work & Community Service

Volunteering

Have you volunteered or assisted students at:

- Harry McKillop Elementary School
- North Creek Elementary School
- Melissa Ridge Education Center

If yes, please list the activities, how often and time spent with the students:

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Describe any community involvement, civil or church-related volunteer work you have done. Attach documentation if possible.

| Description | # years |
|-------------|---------|
| | |
| | |
| | |

How many hours of volunteer community service would you estimate you have performed over the last 12 months?

| | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 0-20 hours | <input type="checkbox"/> 21-40 hours | <input type="checkbox"/> 41-75 hours | <input type="checkbox"/> 76-99 hours | <input type="checkbox"/> 100+ hours |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|

Describe (organizations served, type of volunteer work, etc.):

| |
|--|
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| |

Employment

Are you currently employed? Yes No

| Places of Employment | FromTo (mo./yr) | Hours / Week |
|----------------------|----------------------|--------------|
| | | |
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| | | |

You may add additional information about your jobs below:

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Adoption / Foster Care

Are you or have you been part of the foster care system? Yes No

Have you been touched or affected by adoption or foster care? Yes No

If yes, please indicate how in the space below:

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Essays

Required

All applicants are required to complete the follow essay question in 500 words or less:

What personal characteristics or experience do I have that will enable me to accomplish the goals I have set for myself in the next five years?

Other Scholarship Questions & Essays

Some scholarships ask for more information and may require an additional essay. Answers to these questions may qualify an applicant for these specific scholarships. For a list of these scholarships and their related questions, refer to the Optional Essays document on our website.

How to Submit Your Essay Responses:

1. All Essays should be composed on a computer.
2. Please proofread your essay carefully for content, spelling, grammar and punctuation.
3. When all of your essays are complete, submit all essays to _____.

Notes:

If you need additional space to provide information, you may attach additional sheets.

If you have questions regarding this application, please email _____.

Signature Page

Student Signature

By signing below, I certify that:

1. I have reviewed this application.
2. I confirm that the information provided is truthful and accurate.

I hereby grant the LaCore Family Foundation full permission to use pictures / videos including me for publicity and/or promotional purposes without obligation or liability to me and without restrictions.

Print Student Name: _____

Student Signature: _____

Date: _____

Parent Signature & Contact Information

By signing below, I certify that:

1. I am aware that my son / daughter is applying for a LaCore Family Foundation scholarship.
2. I have reviewed the information on my son / daughter's scholarship application and found it to be correct.
3. I have begun the process for filing a FAFSA form or explained the reason why I have not chosen to file this form.

Parent / Guardian

Print Name: _____

Address (if different from student):

Email: _____

Signature: _____

Date: _____