

Leadership San Angelo Alumni Association Instructions and Checklist for Completing Scholarship Application

The attached scholarship application must be completed by the student, hand written or typed, and must be received by the Association no later than 5:00 pm on March 31, 2017. Below is a checklist to use to ensure you have completed all necessary requirements:

Incomplete applications will not be considered:

| LSAAA Scholarship application |
|------------------------------------------------------------------------------------------------|
| Attached high school transcript |
| Attached SAT and/or ACT score sheets (if both have been taken) |
| Attach at least one (1) letter of recommendation |
| Attach proof of community service (point of contact and phone number) |
| Mailed original application with attachments to: |
| Leadership San Angelo Alumni Association Attn: Scholarships 418 W. Ave. B San Angelo, TX 76903 |

Please contact Laura Lewis at the Chamber of Commerce office with any questions, (325) 655-4136

LEADERSHIP SAN ANGELO ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

A. **STUDENT INFORMATION**

| Student's Name | | | | |
|------------------------------------------------------------|------------------------------|-----------------|-------------------|---|
| Telephone No | | | | |
| Permanent Mailing Add | ress | | | |
| City | County | State_ | Ziţ |) |
| Parent/Guardian | | | | |
| Current High School | | | | |
| What college(s) do you p | plan to attend (include city | ; | Have you applied? | |
| | | | | |
| | n to major? | | | |
| | B. HIGH SCHOOL | INFORMATION | 1 | |
| Number in graduating cl | lass:Curr | ent Class Rank: | | |
| Grade Point Average in | High School (Cumulative) |): _ | | |
| Number of Advanced Placement Classes Taken in High School: | | | | |
| Number of Pre-AP/Hono | ors Classes Taken in High | School: | | |
| Number of Dual Credit (| Courses Taken in High Scl | nool: | | |
| Number of College Hour | rs Accumulated During H | igh School: | | |

C. EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES

School Activities: List any school activities/organizations in which you have been involved and the leadership roles you have held in each. (Attach an extra page if needed)

| | | | Number of |
|------------------------------|-------------------------|---------|------------------|
| School Activity/Organization | List any offices held & | Hrs per | years |
| | number of years | month | of participation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Community and Extracurricular Activities:

List the community and volunteer activities in which you have participated and the leadership roles you have held in each (church, service clubs, etc.) (Attach an extra page if needed)

| Community Activity/Organization | List any offices held & number of years | Hrs per month | Number of years of participation |
|---------------------------------|-----------------------------------------|---------------|----------------------------------|
| | number of years | monun | or participation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Briefly describe how these activities are important to both you and your community. Please attached a list of individuals with contact information that you reported to or worked directly with while doing community service.

D. SELF-EVALUATION

| As a future leader how do you plan to make a difference in your community or country? |
|--------------------------------------------------------------------------------------------------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| Who would you say has been the biggest influence in your life? Describe why. |
| |
| |
| |
| |
| |
| |
| |
| |
| Describe your most memorable achievements, what you have learned from them and how they may relate to your future plans. |
| |
| |
| |
| |
| |

| SAT Score: | ACT Score: | (attach copy of Score Summary Sheet) |
|----------------------------|------------|--------------------------------------|
| Attach high school transc | eript | |
| Attach letter(s) of recomm | mendation | |

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN AND DATE THE APPLICATION

I hereby certify the above is true and correct to the best of my knowledge, and permission is given to verify the information contained in this application. I hereby authorize LSAAA to receive copies of my transcript from my high school and I give the San Angelo Leadership Alumni Association permission to use my name in any release of information to the media for public relation purposes of the Association.

| Date | Student Signature | |
|------|-------------------|--|
| | <u> </u> | |

Return completed application with attachments to: Leadership San Angelo

Scholarship Applications 418 W. Ave. B

San Angelo, TX 76903

By: March 31, 2017



Applicant Reference Form: Provide only one. Should be someone other than an individual presenting a

| | | letter of recomm | endation. | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------|
| Leadership San Angelo Alumni Association | | | has ap | plied for a scholars | ship with |
| | the Leadershi | ip San Angelo Al | umni Associati | on. In order that | we may |
| appraise his/her qua | | - · | | ate your candid ev | aluation, |
| which will be held in | confidence by | the Selection Cor | nmittee. | | |
| | Outstanding | Above Average | Average | Below Average | Unknowi |
| Personal Integrity/ | | | | | |
| Character | | | | | |
| Communication | | | | | |
| Skills | | | | | |
| Maturity | | | | | |
| Service to Others | | | | | |
| Motivation/ | | | | | |
| Determination | | | | | |
| Leadership | | | | | |
| Please attach additional helpful in assessing his/h and/or unusual family ci applicant, if you could b instead please explain when the state of the | ner qualifications. rcumstances. (It e as detailed as p | Please note any disti would be truly valua- possible. Rather than | nctive talents or q ble to the Selection | ualities, special personant committee, and help | al interests ful to your |
| Signature | | | Title, Position, or Relationship to Applicant | | |
| Please print full name | | 0 | Organization (or company if employed) | | |
| e-mail/phone # | | | Years acquainted with applicant | | |

I hereby authorize the above named individual to communicate his/her evaluation of my qualifications for a scholarship with the Leadership San Angelo Alumni Association to the Selection Committee, for its sole use, using whatever records he/she may have available. In addition, I authorize and instruct the Selection Committee to hold these references and evaluations in complete confidentiality, permitting no one, including myself, other than the Committee members to examine them.

> Applicant's Signature Date

Please mail this evaluation to arrive prior to March 31, 2017 Leadership San Angelo Alumni Association 418 W. Ave. B San Angelo, Texas 76903