

## SPECIAL REGIONAL SCHOLARSHIP APPLICATION FORM

**POSTMARKED BY MARCH 1**, mail the application form and all supporting documents identified on the application procedures for each scholarship to Family, Career and Community Leaders of America, 1107 W. 45<sup>th</sup> Street, Austin, Texas 78756.

Documents to send with application:

- 1 Copy of transcript of high school grades
- 2 Letters of recommendation
- 1 Typewritten copy of appropriate theme(s) essay

This application submitted for (check all that apply):

Adams Extract & Spice Company

Date: \_\_\_\_\_ County: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_  Male  Female

Name you prefer to be called: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of high school: \_\_\_\_\_

Address of school: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of college/university you expect to attend: \_\_\_\_\_

Date: \_\_\_\_\_ County: \_\_\_\_\_

### FAMILY INFORMATION

Father's/Guardian name \_\_\_\_\_ Age \_\_\_\_\_

Father's/Guardian occupation \_\_\_\_\_

Place of employment \_\_\_\_\_

Daytime phone number \_\_\_\_\_

College attended \_\_\_\_\_ Years \_\_\_\_\_ Degree  Yes  No

Mother's/Guardian name \_\_\_\_\_ Age \_\_\_\_\_

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Mother's/Guardian occupation \_\_\_\_\_

Place of employment \_\_\_\_\_

Daytime phone number \_\_\_\_\_

College attended \_\_\_\_\_ Years \_\_\_\_\_ Degree  Yes  No

*Check the applicable blank:*

I live at home with both parents

I live in a single parent household with my \_\_\_\_\_

Other; please explain if you live with a guardian, grandparent or have other arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of siblings presently in college: \_\_\_\_\_

**ACADEMIC INFORMATION**

Name of high school: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of anticipated graduation: \_\_\_\_\_ Number in your graduating class: \_\_\_\_\_

Your rank: \_\_\_\_\_ Are you class valedictorian?  Yes  No Salutatorian?  Yes  No

Your scholastic average for four years? \_\_\_\_\_

*(Scholastic average must be expressed either as a numerical percentage, such as 98%, or as a ratio including the scale on which It Is based, such as 3.87/4.0 scale. A copy of the school's grading system or a letter from a school official explaining the scale or grading system must accompany this application.)*

Were you in honors or advanced classes?  Yes  No

*If answer is "yes," please list these courses in space provided:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for admission to a Texas college or university?  Yes  No

Have you been accepted?  Yes  No

*(You must have applied to a Texas college/university for admission in order to apply for this scholarship; you must attend such an institution to be eligible to receive the award. Applications will not be considered from those who will attend out of state schools.)*

List name (s) of institution(s) to which you have applied for admission:

\_\_\_\_\_

What is your SAT score? \_\_\_\_\_ ACT score? \_\_\_\_\_

Date exam(s) were taken: \_\_\_\_\_

*(No application will be considered without SAT or ACT score)*

What is your planned major in college? \_\_\_\_\_

What is your planned career? \_\_\_\_\_

Have you qualified for any advanced placement? If so, list subjects and hours credited:

\_\_\_\_\_

**FCCLA**

Are you a member of FCCLA?  Yes  No

Date(s) of membership (Month/Year): \_\_\_\_\_

Name of Chapter: \_\_\_\_\_ Chapter ID: \_\_\_\_\_

*(The signature of your FCCLA Advisor on this application serves as verification of membership and dates.)*

**ACTIVITIES, HONORS, AWARDS**

**High School**

In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition, please indicate years achieved. Example: National Honor Society - 1, 2, 3, 4.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Special Regional Scholarships, continued

- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

In the space below, please outline other clubs or activities in which you have participated, indicating any other awards, recognition or offices held in conjunction with them. For example, Interscholastic League competition, etc.

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**COMMUNITY ACTIVITIES**

In the space below, please outline any other activities in which you participate, indicating any special recognition. For example, church/synagogue activities or community service projects you might have received.

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**FINANCIAL INFORMATION**

Indicate approximate cost per semester at the college/university, which you will attend. Please indicate tuition, fees, books, housing, etc., as separate items.

Name of college/university \_\_\_\_\_

Tuition per semester hour \_\_\_\_\_ Fees per semester \_\_\_\_\_

Housing per semester \_\_\_\_\_ Live in Dormitory?  Yes  No

If your parents are divorced, does your non-resident parent contribute to your support?

Yes. Amount per year \$ \_\_\_\_\_  No.

Comments \_\_\_\_\_

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List any miscellaneous expenses you anticipate

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Savings and cash available at start of college \_\_\_\_\_

How much financial assistance can you anticipate receiving from your parents, relatives or other sources per semester?

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### WORK INFORMATION

Please indicate any previous work history you may have, including jobs you have held throughout high school. Also, please detail how important it will be for you to work while in college and plans you have to secure employment while in college.

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### SCHOLARSHIP, GRANT, LOAN INFORMATION

Are you applying for other scholarships, grants or loans?  Yes  No

*(If answer is "yes," please list names, amounts, whether scholarship, grant or loan, and indicate if you have received confirmation of any other financial assistance. Indicate status as Pending, Confirmed or Rejected. You may attach an additional sheet if necessary.)*

Name of Scholarship, Grant or Loan	Amount	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check the amount that best describes your family's annual gross income:

Less than \$10,000

\$50,000 to \$60,000

\$10,001 to \$20,000

\$60,001 to \$70,000

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\$20,001 to \$30,000

\$70,001 to \$80,000

\$30,001 to \$40,000

\$80,001 to \$90,000

\$40,001 to \$50,000

\$90,001 to \$100,000 and more

Please list any specific reasons why you need financial assistance to attend school?

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**CERTIFICATION OF APPLICATION BY FCCLA ADVISOR AND SCHOOL OFFICIAL**

We have examined this application and find the records to be true, accurate and complete. Furthermore, all required documentation is attached.

FCCLA Advisor \_\_\_\_\_ Date \_\_\_\_\_

High School Principal \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY APPLICANT AND AUTHORIZATION FOR VERIFICATION**

I hereby certify that the statements contained in this application are true, accurate and complete and that I presently meet all eligibility requirements set forth in this application. If selected to receive a FCCLA **Special Regional** Scholarship, I understand that I am expected to attend the scholarship presentation, to enroll in a college or university within the State of Texas (**Note: Any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.**)

I hereby authorize any person, firm or entity to release to the Adams Extract and Spice Company and Blue Bell Creameries, or their authorized representatives, information concerning the subject matter of the statements I have made in this application, including, but not limited to, information concerning my academic record, activities, honors and awards, citizenship or residency, and financial situation. A copy of this authorization is agreed by the undersigned to have the same effect and force as an original. Any person, firm or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_