

# The George Foundation Fort Bend County High School Scholarship Program



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES  
Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTRE	ACTM	FAQ	TOTAL

APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Address:  
 House Number and Street Address (required) \_\_\_\_\_ Apartment # \_\_\_\_\_  
 If applicable: Post Office Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 I am a resident of Fort Bend County, TX?  Yes  No I am a citizen of the United States?  Yes  No  
 Please indicate your status. (For statistical purposes only)  Male  Female  
 American Indian /Alaska Native  Black/African American  Multi-Racial  White  
 Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State TX Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-SECONDARY SCHOOL DATA

Name of postsecondary **public Texas school** you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**  
 \_\_\_\_\_ City \_\_\_\_\_ State TX  
 \_\_\_\_\_ City \_\_\_\_\_ State TX  
 4 yr. **Public Texas** College or University  2 yr. **Public Texas** Community or Junior College  
 Year in school next year:  1  Other, explain \_\_\_\_\_  
 Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:  Bachelor  Associate  Other \_\_\_\_\_  
 Student will:  live on campus  live off campus  commute from home

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**FINANCIAL DATA (REQUIRED)**

**Instructions for this section are provided on back of page 3.**

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents'/guardians' most recently filed tax return. To be eligible, **adjusted** gross income must be \$50,000 or less. **To be considered for an award, this section must be filled out completely.**

Refer to instructions to assist in completing this section.

- State of Residence ..... TX
- Adjusted Gross Income (FORM 1040)... \$ \_\_\_\_\_
- Total Federal Tax Paid (FORM 1040).... \$ \_\_\_\_\_  
(not the amount withheld from paychecks)
- Total Income of Father .....\$ \_\_\_\_\_  
Total Income of Mother ..... \$ \_\_\_\_\_
- Yearly Untaxed Income and Benefits (Social Security, AFDC, Child Support, Other \_\_\_\_\_) ..... \$ \_\_\_\_\_
- Medical and Dental Expenses Not Paid by Insurance (exclude premiums) ..... \$ \_\_\_\_\_
- Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) ..... \$ \_\_\_\_\_
- Total number of family members living in the household and primarily supported by the reported income ..... # \_\_\_\_\_
- Marital status of parent or guardian:  
 Married  Divorced  Separated  Widowed  Single
- Total number of family members attending college at least half-time during the next school year, including applicant..... # \_\_\_\_\_
- Non-custodian statement applies.

**NOTE:** Copy of parents'/guardians' W-2 forms and copy of the first and second pages of their latest federal income tax return **must** be submitted with this application.

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only. Continue on a separate sheet of paper in the format provided, if space is inadequate.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

To the Applicant: **This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.**

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

An official transcript of grades **must** be sent with this application.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Official Transcript(s) of Grades (including grading scale)
- Copy of parents' latest income tax return (pages 1 and 2) and W2's
- List of other scholarships received or pending.

All materials, including transcript, must be addressed to:

**The George Foundation Fort Bend County High School Scholarship Program**  
 Scholarship Management Services – Karen Huhn  
 One Scholarship Way, P.O. Box 297  
 Saint Peter, MN 56082

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**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information provided on this application. Falsification of information may result in termination of any award granted.*

My non-custodian parent is no longer legally responsible (or has failed) to help contribute to my financial needs.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

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The Financial Data section of the application should be completed by the parent/guardian. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.

**Parents not required to file** a federal income tax return, **please provide** a statement of this fact and copies of the W-2's, if applicable. **Please record**, "Didn't File" one line #3 of the "Parents' Financial Data" section. **Record** "Didn't Receive W-2" if a W-2 was not issued to either or both parents.

4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program **and** from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income includes dependent college students living away from home.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Total Number of Family Members Attending College** includes all family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.
11. Place a check in the box **if your non-custodial parent** is no longer legally responsible, or has failed, to help contribute to your financial needs. If you check the box, you are not required to supply a copy of the non-custodian's W-2 or federal income tax return.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

administered by

