



A Light To The Community

November 16, 2023

Dear High School Applicant:

Thank you for your interest in applying for a Civic League Scholarship. Please read the attached application carefully and note the qualifications on the first page. It is imperative that the application is completed in its entirety and submitted by the March 1, 2024, deadline.

Monies available for Civic League scholarships are dependent on the success of fundraising activities, consequently, the number of scholarships and the amounts vary annually.

Please refer any questions about the scholarship process to your school counselor or directly email scholarshipschair@thecivicleague.org.

The Civic League would like to congratulate you on your decision to further your education!

Sincerely,

Marti Lee
2023-2024 Scholarship Committee Chair
The Civic League Foundation, Inc.



SCHOLARSHIP APPLICATION HIGH SCHOOL SENIOR

SCHOOL OFFICE USE ONLY

School Counselors Should Complete This Page

Applicant must meet ALL of the following qualifications:

- 1) Demonstrate a definite need for financial assistance.
- 2) Be a resident of Addison, Carrollton, Farmers Branch or attend a CFB-ISD school.
- 3) Have a grade point average of 3.0 or higher.
- 4) Have taken the SAT and/or ACT.
- 5) Have applied to a college or technical school prior to submitting this scholarship application.
- 6) Submit three written recommendations with the application - two from teachers and one from a person outside of school and not related to the applicant.

Student Name: _____

GPA: _____ Class Rank: # _____ of _____

SAT Score: _____ ACT Score: _____

Annual Family Income: \$ _____ Annual Student Income: \$ _____

Counselor's Signature: _____

Possible College Major or Field of Study: _____

Colleges Applied To: _____

Counselor's Notes: _____



SCHOLARSHIP APPLICATION HIGH SCHOOL SENIOR

Please Print Using Black or Blue Ink

Please note: The Civic League application for high school seniors must be received in the counselor's office no later than **March 1, 2024: NO EXCEPTIONS**. For questions, please contact the Scholarship Committee Chairman at scholarshipschair@thecivicleague.org

STUDENT INFORMATION:

Student Name: _____

Gender: Male Female

Address: _____ Apt _____

City/State/Zip: _____

Phone: _____

Email: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Parent(s)' Marital Status: Married
(check one) Single
 Divorced/Separated
 Widow(er)

List other people residing in your home and their relationship to you, including siblings, grandparents, etc.:

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there other children attending college in your home? Yes No If yes, how many? _____

If yes, list the names of the colleges these children attend: _____

Your college/technical school/vocational training school of choice: _____

Possible major or field of study: _____

Annual Family Income: Below \$20,000 \$40,000 - \$49,999 \$70,000 - \$79,999
 (Check one) \$20,000 - \$29,999 \$50,000 - \$59,999 \$80,000+ _____
 \$30,000 - \$39,999 \$60,000 - \$69,999 (list amount)

Please explain any unusual or extenuating circumstances that require financial assistance to enable you to attend college:



HIGH SCHOOL ACCOMPLISHMENTS AND ATTENDANCE:

Please answer the following questions (use a separate sheet if necessary):

1. Is your high school transcript an accurate measure of your ability and potential?
If not, what is the best measure of your potential in high school?

2. What have you learned during your high school years that will help you attain your future goals?
Please include your short-term and long-term goals.

3. How many full school days have you missed this year?
Explain any circumstances that may have contributed to excessive absences.

TEACHER REFERENCES:

List two teachers from your high school, as well as the classes they teach, who know you well enough to evaluate you thoroughly as a student. **Remember to submit their referral letters with your application.**

Teacher's Name

Class Subject

Grade Class Was Taken

PERSONAL REFERENCE:

List one person outside of school (**not** related to you or connected with the school in any way) who will provide a recommendation letter on your behalf. **Remember to submit the referral letter with your application.**

Name: _____

Occupation: _____

Address: _____

Phone: _____

City/State/Zip: _____

Email: _____



STUDENT WORK EXPERIENCE:

Employer

Employment Dates

Location

EDUCATIONAL/CAREER OBJECTIVE:

EXTRACURRICULAR ACTIVITIES:

AWARDS/HONORS:

INTERESTS AND PERSONAL ACTIVITIES:

COMMUNITY ACTIVITIES AND INVOLVEMENT:
