



## ENNIS RETIRED SCHOOL PERSONNEL ASSOCIATION SCHOLARSHIP FOR ENNIS HIGH SCHOOL

**Eligibility:** Students majoring in education with a goal of teaching in a public school system.

**Application deadline:** APRIL 30, 2024

Return completed applications to EHS Office.

**Application Requirements:** **All of the following items must be complete and included when returned. Failure to do so will invalidate the application.**

1. Completed application (pages 2-3)
2. Completed Activity Form (pages 4-5)
3. Type written answers to the questions from the application. (page 1)
4. **Three Letters of Recommendation:** (teacher, counselor, advisor, clergy, etc.)
5. **Attendance Report** (To be obtained from the high school counselor's office.)

**Questions to be answered in typewritten form. These are not essay questions, but they must be answered in well thought out complete sentences.**

1. **What 3 teachers positively affected your life? How? What did they teach? What grade/subject?**
2. **When did you decide teaching was the profession for you? Why?**
3. **What grade level and/or subject would you like to teach? Why?**
4. **Why teaching instead of another occupation?**

**Personal Information:**

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Family:**

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Occupation/Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Occupation/Employer: \_\_\_\_\_

**Financial Information:**

Approximate yearly family income: \$ \_\_\_\_\_

Number of children living in household: \_\_\_\_\_

Number in college: \_\_\_\_\_

**Scholastic Information:**

I have successfully passed the state required tests for graduation.

\_\_\_\_ Yes      \_\_\_\_ No

What is your Grade Point Average? \_\_\_\_\_

SAT Scores: V \_\_\_\_\_ M \_\_\_\_\_ Date Taken (Month/Year): \_\_\_\_\_

ACT Scores: Reading \_\_\_\_\_ Sci. Reas. \_\_\_\_\_ Math \_\_\_\_\_

Date Taken (Month/Year): \_\_\_\_\_

Have you participated in AVID? \_\_\_\_\_ No \_\_\_\_\_ Yes

Number of years: \_\_\_\_\_

How many **Dual Credit** hours? \_\_\_\_\_ How many **AP** hours? \_\_\_\_\_

To which Colleges/Universities have you been accepted (in order of preference)?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Should you be a recipient of this scholarship, you will receive a Voucher to present to the college/university when you enroll. The actual check will be sent directly to the college/university once they notify the ERSPA treasurer of your enrollment.



