

Association of Texas Leaders for Education Scholarship

The Community Foundation of West Texas

The Community Foundation of West Texas, formerly known as the Lubbock Area Foundation, Inc., is an independent, non-profit, publicly supported, tax-exempt organization whose purpose is to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's mission goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist students with post-secondary educational expenses. The Foundation is pleased to administer the *Association of Texas Leaders for Education Scholarship*, which is described below.

Purpose:

This scholarship was established by the Association of Texas Leaders for Education (ATLE) for Texas resident graduating seniors who will be attending a Texas school to pursue a secondary education. The purpose for this scholarship is to promote higher education for Texas students. The total amount will be \$1,000.00.

Eligibility Requirements:

Without discrimination toward race or sex, the following eligibility requirements shall apply to candidates for the ATLE Scholarship:

- ❖ Graduating Senior
- ❖ A 3.0 or higher GPA
- ❖ Financial need may be considered
- ❖ Demonstrated service to community and to school
- ❖ Intent to enroll as a full-time student (at least 12 credit hours) at an accredited college, university or technical school in Texas during the fall semester following graduation from high school with the intent of receiving a degree.
- ❖ Positive personal school references

Selection Process:

- ❖ The Scholarship Advisory Committee will review completed applications and make recommendations to the Community Foundation of West Texas Board of Directors, which will make the final decision on the scholarship awards.
- ❖ Incomplete applications will not be considered.
- ❖ The recipient will be announced by May 30.

Scholarship Fund Disbursement:

- ❖ Scholarships will be awarded based on the availability of funds, and may be used for tuition, fees and required books.
- ❖ Scholarships will be paid to the school, and not directly to the recipient.
- ❖ All unused funds must be returned to the Community Foundation of West Texas.

Application Requirements:

All scholarship applications must be completed in full and submitted by **April 30**.

- ❖ Completed Application Form
- ❖ Typed Personal Essay
- ❖ High School Transcript
- ❖ 2 Letters of Recommendation from the student's high school faculty or counselors

Applications should be sent to:

**ATLE Scholarship Fund
Attn: Denise Oviedo
Community Foundation of West Texas
6102 82nd Street 8B
Lubbock, TX 79424**

***Please do not send the first two pages in with your completed application.**

Association of Texas Leaders for Education Scholarship

Date to begin school: _____

GENERAL INFORMATION – (Please type or print)

Mr. ____ Ms. ____ Full Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

Social Security Number (last 4 digits): _____ Date of Birth: _____

Name of Student's Father (if applicable): _____
(If father is deceased, please indicate)

Father's Home Address: _____

Name of Student's Mother (if applicable): _____
(If mother is deceased, please indicate)

Mother's Home Address: _____

EDUCATIONAL PLANNING:

College or Universities to which you have applied:

1. _____ Accepted: Yes ___ No ___

2. _____ Accepted: Yes ___ No ___

Intended Major: _____

What career are you planning to pursue? _____

EDUCATIONAL BACKGROUND:

Current GPA (7 high-school semesters): _____ Is this a weighted average? Yes ___ No ___

Class Rank: _____ out of _____ High School: _____

SAT Scores: Verbal _____ Math _____ Writing _____ Date Taken: _____

ACT Composite: _____ Date Taken: _____

OTHER STUDENT INFORMATION

Extracurricular Activities:

Please list your extracurricular activities in and out of school (for example sports (9-12), band (9-10), NHS (11-12), student council (9-12), Scouts (9-12), church youth group (10-12), etc.):

Activity	School grade(s) involved	Special Awards/Honors	Hours per week
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		

Volunteer & Community Service Activities:

Please list volunteer and/or community service activities in which you have participated (for example local food drives (9-12), tutoring others (11-12), Eagle Scout project (9-10), organization fundraising (9-12), etc.):

Organization	School grade(s) involved	Activity	Supervisor Name/Number
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		

Please give the number of volunteer and/or community service hours served per year during high school:

Grade 9 _____

Grade 11 _____

Grade 10 _____

Grade 12 _____

Total Volunteer Hours Served in High School _____

Work Experience:

Please list any paid work experience you have outside of school:

Place of Employment	Hours Worked per Week

Unusual Financial Circumstances

If a student and/or his/her family have unusual financial circumstances please explain them below (ex: family member who has recently become unemployed, unusual medical expenses not covered by insurance; any other circumstances that affect income). Attach an additional page if necessary.

ADDITIONAL INFORMATION

On two separate sheets of paper, please answer the following essay questions, limiting your responses to one page for each question. Personal essays must be typed.

“Why I should be chosen for this scholarship”

“What activities I am involved in outside of school and why they are important to me”

I hereby certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I give the Community Foundation of West Texas permission to contact any of my teachers, counselors, or educational institutions to gain further information if needed. I understand that the information in this application will be shared with the scholarship selection committee.

Student Signature: _____ Date: _____

**Misrepresentation in any statement may be considered reason for cancellation and repayment of scholarship.*

<p>How did you hear about our scholarship? School Counselor/Financial Aid Office: _____ Newspaper: _____ Website: _____ Other: _____</p>
