

CAMERON ISD SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION
COLLEGE OR TECHNICAL SCHOOL

Name _____ Address _____

City, Zip _____ Telephone Number _____

Parents' Names _____

Place of Employment of Father/Guardian _____

Place of Employment of Mother/Guardian _____

Number of brothers/sisters living at home next year _____

Number of brothers/sisters attending college/technical school next year. (Include yourself) _____

Are you employed? _____ Yes _____ No

If employed, give places of employment _____

College you are attending _____

Major _____ Minor _____

Number of Hours Completed _____ GPA _____ Number of Hours Enrolled this Semester _____

Anticipated Date of Graduation _____ Degree or Certification to be Confirmed _____

College or Technical School recommendation forms given to:

1) _____ Professor's Name _____ Phone Number

2) _____ Professor's Name _____ Phone Number

FUTURE PLANS:

Upon completion of my undergraduate degree, I plan to do the following:

Applicant's Name

COLLEGE OR TECHNICAL SCHOOL RECOMMENDATION

Dear Professor:

I am applying for the CAMERON ISD SCHOLARSHIP FOUNDATION Scholarship. Please evaluate my abilities to do the things listed in the following chart. Please tabulate the responses and turn in the totals on this form.

I do _____ do not _____ waive my right to see the contents of the tabulated form.

Student must provide a stamped, addressed envelope to the CISD Foundation.

Applicant's Signature

Date

| | Below Average | Average | Above Average | Very Good | Outstanding (Top 10%) | Exceptional (Top 5%) | One of the Top Few Encountered |
|----------------------------------|---------------|---------|---------------|-----------|-----------------------|----------------------|--------------------------------|
| Intellectual Ability | | | | | | | |
| Writing Skills | | | | | | | |
| Independence | | | | | | | |
| Motivation | | | | | | | |
| Work Habits | | | | | | | |
| Creativity | | | | | | | |
| Class Discussion | | | | | | | |
| Sense of Humor | | | | | | | |
| Potential for Growth | | | | | | | |
| Research Ability | | | | | | | |
| Enthusiasm for Academic Pursuits | | | | | | | |

Report tabulated by _____
Professor

Date

Please return to:

**CAMERON ISD SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP COMMITTEE
P.O. BOX 1214
CAMERON, TX 76520**

EMPLOYER'S RECOMMENDATION

Applicant's Name _____ Date _____

Dear Employer:

I am applying for the Cameron ISD Scholarship Foundation, Inc. Scholarship. Please take a few minutes to complete this form and return it by May 1. For each of the factors in the left-hand column, please check the box under the title that you think best indicates my performance.

I do _____ do not _____ waive my right to see the contents of this recommendation. Thank you!

Applicant's Signature _____

| Factors | Unsatisfactory | Needs Improvement | Good | Very Good | Outstanding |
|------------------|----------------|-------------------|------|-----------|-------------|
| Attendance | | | | | |
| Punctuality | | | | | |
| Appearance | | | | | |
| Manners & Tact | | | | | |
| Attitude | | | | | |
| Cooperation | | | | | |
| Dependability | | | | | |
| Initiative | | | | | |
| Adaptability | | | | | |
| Judgment | | | | | |
| Communication | | | | | |
| Quantity of Work | | | | | |
| Quality of Work | | | | | |
| Work Habits | | | | | |
| Progress | | | | | |

Dates of Employment: From _____ to _____

REMARKS: _____

Signature of Employer

Date

Name of Business

Please return to:

CAMERON ISD SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP COMMITTEE
P.O. BOX 1214
CAMERON, TX 76520