

**CAMERON ISD SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION
YOE HIGH SENIORS**

Name _____

Permanent Street Address _____

City, Zip, Telephone Number _____

Parents' Name _____

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/vocational school next year. (Include yourself) _____

Name of school or college you plan to attend _____

Have you applied for admission? ____ Yes ____ No

Have you been accepted? ____ Yes ____ No

Major _____ Minor _____

Are you employed? ____ Yes ____ No If yes, give place of employment _____

List your high school participation in clubs, organizations, UIL, athletics, band, etc.

Include leadership responsibilities and honors. _____

Students: If you are employed, please attach a letter of recommendation from your employer.

As a beneficiary of this scholarship award, it is mandatory that students attend the awards presentation program unless there is an emergency release granted by high school principal. Work will not be considered as an emergency. Failure to attend the awards program can result in forfeiture of the award amount.

Applicant's Verification: I certify that all the above information that I have listed within this application is true and complete to the best of my knowledge. I understand that the selection committee reserves the right to interview, at a specified time, any/all scholarship finalists.

Applicant's Signature

Date

Parent's Signature (if applicable)

Date

Applicant's Name

HIGH SCHOOL RECOMMENDATION

Dear Teacher:

I am applying for the CAMERON ISD SCHOLARSHIP FOUNDATION Scholarship. Please complete this form and return it to the counselors' office.

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

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							

Teacher Signature: _____ Date _____

Applicant's Name

HIGH SCHOOL RECOMMENDATION

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Applicant's Signature

Date

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Work Habits							
Creativity							
Class Discussion							
Sense of Humor							
Potential for Growth							
Research Ability							
Enthusiasm for Academic Pursuits							

Teacher Signature: _____

Date _____

Applicant's Name

HIGH SCHOOL RECOMMENDATION

Dear Teacher:

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Creativity							
Class Discussion							
Sense of Humor							
Potential for Growth							
Research Ability							
Enthusiasm for Academic Pursuits							

Teacher Signature: _____

Date _____

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 the 2nd Friday in March. 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					
Work Habits					
Progress					

Dates of Employment: From _____ to _____

REMARKS: _____

Signature of Employer

Date

Name of Business

Please return to: **CAMERON ISD SCHOLARSHIP FOUNDATION, INC.**
YOE HIGH GRADUATES 2012
P.O. Box 1214
CAMERON, TX 76520