San Gabriel Woman’s Club Scholarship

Thank you for your interest in the senior scholarship program. Current 12th grade students, male or female, in GISD are encouraged to apply that includes GHS, EVS, or Richarte. Evaluations will be made based on financial need, past accomplishments, recommendations, and volunteer service. Please read the following rules and regulations carefully as they are specific and must be followed. The scholarship is valued at $1,000.

Application must be post marked or emailed by April 12, 2024

Eligibility for Scholarship
All applicants must be registered in the Georgetown Independent School District as high school seniors, and they must be committed to continuing education post high school graduation. One or two $1,000 scholarships are available pending fundraising profits.

Steps in Applying for a Scholarship
Fill out application. If needed, a separate paper may be used when answering any of the questions on the application. Please be certain to print first and last names on all pages. Each applicant must write a brief personal narrative stating accomplishments, reasons for desiring the scholarship, how the award will be used, future ambitions, etc. The essay is not to exceed one page, typed with 12-point font. Please attach to application.

Applicants must secure 1 written recommendation. The recommendation must be from 1 adult (other than relatives) who can offer personal references for the applicant. (classroom teacher preferred). Use the attached recommendation form.

All written recommendations should be mailed or emailed with application or separately if applicant’s name is clearly marked. These recommendations should be submitted in envelopes marked SGWC Scholarship. The scholarship committee will respect the confidentiality of all personal recommendations.

A. Applications and recommendations should be mailed (or emailed bcreek@gte.net) to SGWC Scholarship, c/o Jean Houck, 30405 Berry Creek Drive, Georgetown, TX 78628, postmarked by April 12 2024.

Please indicate if applicant has already been accepted to a college or university.

The above requirements must be completed on or before Friday, April 12, 2024. Winners will be notified by May 5, 2024. The winners and their mothers or guardians will be honored at the May 9th Club meeting.

Applicants must complete all requirements to qualify. The applicant should inform the adult reference that, without their recommendations, the application WILL NOT qualify and WILL NOT be considered.
San Gabriel Woman’s Club Scholarship
Application

Student Name ____________________________________________________________

Last                                              First                  Middle
Home Address___________________________________________________________ Street
__________________________________________________________ Email__________________________
City/State/Zip
Phone________________ Age_____ Grade_____ School____________________
GPA____________ Class Rank____________

Scholarship Information:
To what colleges have you submitted applications: ______________________________

Where have you been accepted?
_____________________________________________________________________

College you plan to attend_______________________________________________

List any academic or community awards received:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe in detail your school and community volunteer experiences:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Please write a short personal narrative stating your accomplishments, activities, reasons for desiring the scholarship, your future ambitions, etc. Use a separate sheet and do not exceed one page, typed, and double-spaced. Please be certain to print or type first and last name on this paper and attach to application.

In your opinion are there any financial or special circumstances that should be considered by the committee when evaluating your application? Please explain.

Have you received any grants or scholarships? If so, please list.

Father’s Name ______________________________  Occupation __________________________
Mother’s Name ____________________________  Occupation __________________________

Number of siblings at home_______  Number of siblings in college_______

Estimate total gross income of parents or guardian:

Circle one:  Under $20,000 $21,000-$60,000 $61,000-$90,000 over $91,000

If I am granted this scholarship, it will be my intention to work and study to the best of my ability. I also promise to conduct myself in such a manner as to enhance the character of GISD and the SGWC. I fully understand that if I am awarded a scholarship, I must participate in post high school education in the 2024-2025 school year or forfeit/repay the funds.

________________________________________  _______________________
Applicant’s Signature  Date

________________________________________  _______________________
Parent’s Signature  Date
(required if applicant is not 18)
San Gabriel Woman’s Club Scholarship  
Personal Recommendation Form

Mail to: SGWC Scholarship, c/o Jean Houck, 30405 Berry Creek Drive, Georgetown, TX, 78628, postmarked by April 12, 2024 or emailed to bcreek@gte.net

Please note: The student’s application will be disqualified without this recommendation! If you are unable to complete and return prior to the deadline, April 12, 2024 please notify the student immediately so that they may obtain a reference from another source. Part I may be completed by applicant.

Part I:

Applicant’s Name____________________________________ Phone Number____________

Address____________________________________________________________________

Applicant’s Parents’ Names____________________________________________________
(and address if different from applicant’s)

PART II:

The above student is applying for a $1000 scholarship from the San Gabriel Woman’s Club and requests that you complete this CONFIDENTIAL recommendation form. Please return to student, mail or email to above address by April 13, 2024. A separate paper may be used.

A. In what capacity have you known this student?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
B. Please use this space for a summary appraisal or observations you feel should be made on the above student’s behalf.

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

C. In relation to others in the candidate’s age group whom you have known, please check the appropriate box for each item below.

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<th>Outstanding</th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
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**Application deadline: Postmarked or Emailed by April 12, 2024**

Signature____________________________________            Date_________________

Name (print or type)_________________________           Title________________

Daytime Telephone____________________________