



Laredo Independent School District General Scholarship Application

Student's Identification No. _____

Class Size _____

Student's Current Enrollment Martin Nixon Cigarroa Early College

Rank _____

G.P.A. _____

SAT/ACT Scores _____

Passed EOC (all 5 areas)

Yes NO

Scholarship No. _____

Name of Scholarship _____ Date ____/____/____

Applicant's Name _____ U.S. Citizen Yes No Resident Alien Yes No

Address _____ (____) _____
Name & Number Apt. No. P.O. Box Number City Zip No. Telephone No.

Father's Name _____ Occupation _____ Yearly Income _____

Mother's Name _____ Occupation _____ Yearly Income _____

Guardian's Name _____ Occupation _____ Yearly Income _____

Total Number of Members in Family _____ Combined Yearly Family Income _____

If parents receive public funds, please specify annual amount (s): Retirement _____ Pension _____

Disability _____ AFDC Benefits _____ Other _____ Total Combined Income _____

Parent is member of civic organization. If so, list

List all brothers and sisters dependent on parent or guardian: (use back if necessary)

Name	Age	School or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Housing Payment _____

Name your College selection: _____
(1st Choice) (2nd Choice) (3rd Choice)

Major in College: _____
(1st Choice) (2nd Choice) (3rd Choice)

Are there any family members attending college? Yes No If yes, how many? _____

Are you a member of a church youth organization? Yes No What Church? _____

What elementary school did you attend? _____

Have you held a part time job? Yes No If Yes, list dates and place of employment: _____

Supplementary Data

1. Will you give the Laredo Independent School District permission to release your application to the school or other scholarship review committees in order to enhance your chances of obtaining a scholarship? Yes No
2. I, _____ hereby give authorization to LISD to release my name and award to the media as needed, in keeping with the educational philosophies of this and/with other foundations.
3. Applicant Signature: _____ Print Name: _____
4. (Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family that would be helpful to the Student Application Committee assessing your financial need for assistance requested.
5. Essay "How I will use the scholarship to further my education." (Please attach typed document.)

Please include the following:

- Resume
- SAT/ACT Scores
- Essay
- College Acceptance Letter
- Transcript (if applicable)