



**YOU MUST**

**READ ALL INSTRUCTIONS**

**AND**

**SIGN THE ACKNOWLEDGEMENT SHEET**

**THE ACKNOWLEDGEMENT SHEET WITH  
SIGNATURES STATING YOU HAVE READ AND  
UNDERSTAND THE REQUIREMENTS AND  
YOUR THANK YOU LETTER**

**YOU MUST**

**BE RETURNED WITH ALL OTHER REQUIRED**

**INFORMATION BY THE DEADLINE DATE**

**OR SCHOLARSHIP MONIES**

**WILL **NOT** BE RELEASED**

## SCHOLARSHIP APPLICATION CHECKLIST

The applicant is responsible for submitting all materials **by mail** to the Stafford MSD Education Foundation by the stated date. **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.** Applications are considered to be complete and will be evaluated when the following documentation has been received:

- ❖ COMPLETED STUDENT APPLICATION
- ❖ 250 WORD DOUBLE SPACED ESSAY
- ❖ RESUME
- ❖ 3 APPRAISAL FORMS (NO MORE THAN ONE SCHOOL AFFILIATED PERSONNEL AND NO RELATIVES) NO **SEPARATE LETTERS** – ALL INFORMATION SHOULD BE ON THE APPRAISAL FORM. SEPARATE LETTERS WILL NOT BE USED IN THE JUDGING.
- ❖ LIST OF ALL PENDING AND/OR RECEIVED SCHOLARSHIPS
- ❖ CURRENT OFFICIAL TRANSCRIPT WITH TEST SCORES

### **MAILED TO:**

MRS. SHIRLEEN WILLIS  
SMSD EDUCATION FOUNDATION  
SMSDEF SCHOLARSHIP  
P. O. BOX 1907  
STAFFORD TX 77497

**APPLICATIONS MUST BE POSTMARKED BY THE US POST  
OFFICE NO LATER THAN FRIDAY, March 11, 2022**

**APPLICATIONS NOT COMPLETED AND/OR HAND-DELIVERED WILL NOT BE JUDGED.**

**HAVE POST OFFICE HAND STAMP THE DATE ON YOUR PACKAGE**

## 2022 STAFFORD MSD EDUCATION FOUNDATION SCHOLARSHIP

The mission of the Stafford MSD Education Foundation is to increase educational opportunities for SMSD students through grants and scholarships generated by partnerships with educators, parents, community members, businesses, and civic leaders committed to bridging the distance between needs and resources. The Board of Directors of the SMSD Education Foundation has established a scholarship fund to award scholarships in the amount of \$1,000.00 each for 2022 Stafford high school graduates. To receive an award, you must provide enrollment confirmation in an undergraduate course of study at an accredited two or four-year public or private college, university, or technical/trade school. Stafford MSD Education Foundation awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability, or national origin.

### Eligibility

The scholarship applicant must:

- be a citizen or a permanent resident of the United States of America (documentation may be requested);
- be a Stafford high school 2022 graduate;
- be continuously enrolled in SMSD as a full-time student for four (4) semesters preceding graduation;
- plan to enroll full-time in an undergraduate course of study at an accredited two or four-year public or private college, university, or technical/trade school; and
- have a cumulative GPA of at least 2.5 at the time of application.

### Application

Interested students must complete and submit an application listing all other scholarships (pending and/or received), a one page resume (sample attached), three appraisal forms and **NO SEPARATE LETTERS OF RECOMMENDATIONS** (no more than one from school affiliated personnel and no relatives), and a 250 word double spaced essay describing personal goals, aspirations and how this scholarship will help you to achieve your goals. A current SHS official transcript can be mailed by the school counselor to the Foundation's address or a sealed official transcript may be included in the packet. Please include front and back copy of transcript with test scores.

Applications and all pertinent materials **must be submitted by mail** to Mrs. Shirleen Willis, Stafford MSD Education Foundation, Scholarship Committee, P. O. BOX 1907, Stafford, TX 77497. Applications will be accepted as long as they are **postmarked no later than Friday, March 11, 2022**. Any applications postmarked after **March 11, 2022** will not be eligible for consideration. All information received becomes the property of the SMSD Education Foundation and is considered confidential and will be reviewed only by the Scholarship Committee. **Please have Post Office date stamp your envelope.**

Any **incomplete applications** received **will not** be judged. Scholarship recipients will be notified by mail.

**Additional Information:** Questions regarding the scholarship application should be addressed to Mrs. Shirleen Willis (281) 499-3361, Mrs. Sadie Williams, (281) 499-4432 or Mrs. Linda Burks, (281) 989-1039.



**Application deadline Friday, March 11, 2022**

For Scholarship Committee Use Only

Applicant's No. \_\_\_\_\_

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES IN BLACK INK ONLY**  
**Completeness and neatness ensure your application will be reviewed properly.**

**APPLICANT INFORMATION**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Permanent Physical Home Address	City	Zip
_____	_____	_____
Post Office Box (if applicable)	City	Zip
_____	_____	_____
Home Phone	Cell Phone	Email Address
_____		
Mark one:    United States Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/>		

**PARENT OR GUARDIAN INFORMATION**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Permanent Physical Home Address	City	Zip
_____	_____	_____
Day Phone	Cell Phone	Other Phone:
_____	_____	_____
Relationship to Applicant	Email Address	

**POST SECONDARY SCHOOL DATA**

List the postsecondary school you plan to attend. Use official school names, no abbreviations. If school choice is undecided, indicate the schools to which you have applied.

_____	_____	_____
Name of School;	City	State
<input type="checkbox"/> 4-year College or University <input type="checkbox"/> 2-year Community or Junior College <input type="checkbox"/> Technical School		
_____	_____	_____
Name of school	City	State
<input type="checkbox"/> 4-year College or University <input type="checkbox"/> 2-year Community or Junior College <input type="checkbox"/> Technical School		
_____	_____	
Major or Course of Study		
_____		
Degree Sought		
<input type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Other		

**CERTIFICATION**

The Stafford MSD Scholarship Committee has the sole responsibility for selecting the recipient based on criteria as set forth in the program's description. This application becomes the property of Stafford MSD Education Foundation. Please keep a copy for your files.

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information submitted with this application. I understand that falsification of information may result in termination of any award granted.*

My no  custodian parent is no longer legally responsible (or has failed) to help contribute to my financial needs.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**APPLICANT APPRAISAL**

**Directions:** This objective appraisal is a key component of evaluating your application. The form needs to be completed by a person outside of your family who is knowledgeable of your character. Only one of the three required appraisals may be completed by school personnel.

**APPLICANT APPRAISAL (REQUIRED)**

AA

**Appraiser:** Please supply the requested information in support of this application. When complete, please return it to the applicant in a sealed envelope.

**Applicant:** If this section is not completed, the score earned by your application will be impacted.

Please include additional comments in the area provided or on the back of this paper.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments:

Appraiser's Name

Title

Telephone

Signature

Organization

Date



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Comments:

Appraiser's Name

Title

Telephone

Signature

Organization

Date





# SAMPLE RESUME

Billy Bob Smith  
[Bbsmith1@gmail.com](mailto:Bbsmith1@gmail.com)

10568 Jones Road

Anywhere, USA 89891  
281-555-5555

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Objective: To pursue a career in Veterinary Science

## WORK EXPERIENCE

Taco Bell 2016 – present  
*Cashier*

- Receive payment by cash, check, credit cards, vouchers, or automatic debits.
- Answer customers' questions and provide information on procedures or policies.
- Help customers find the location of products.
- Issue receipts, refunds, credits, or change due to customers.
- Greet customers entering establishments.

Dillard's 2016 – 2018  
*Sales Associate*

- Greeted customers and ascertain what each customer wants or needs.
- Recommended, selected, and help locate or obtain merchandise based on customer needs and desires.
- Computed sales prices, total purchases, and receive and process cash or credit payment.
- Prepared merchandise for purchase or rental.
- Answered questions regarding the store and its merchandise.

## ORGANIZATIONS

Jones FAA, Reporter	2003 – 2004
Jones FAA, Treasurer	2004 – 2005
Jones FAA, Vice-President	2005 – 2006
National Honor Society	2001 – 2004
Chest Club, Secretary	2001 – 2004

## EXTRACURRICULAR & COMMUNITY ACTIVITIES

Barn Workday	Fundraisers
Stadium Clean-up	Feeding the homeless
Programs Sales	FAA Food Drive
Blood Drive	Hurricane Relief Drive

## EDUCATION

Stafford High School	Senior
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**Stafford MSD**  
**Education**  
**Foundation**



*Bridging the distance between student needs and resources*

TO: SCHOLARSHIP RECIPIENT AND PARENT(S)  
FROM: STAFFORD MSD EDUCATION FOUNDATION  
RE: PAGE OF UNDERSTANDING

I, \_\_\_\_\_ (please print your name), do hereby acknowledge that I and my parent(s)/guardian have read and understand the conditions outlined in the enclosed instructions to obtain my scholarship money.

By signing below, you attest that you and your parent(s) have read and understand the requirements for your scholarship funds to be disbursed to your chosen educational institution twice a year, once in the fall and once in the spring.

\_\_\_\_\_

RECIPIENT

\_\_\_\_\_

DATE

\_\_\_\_\_

PARENT (S)/GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

PARENT (S)/GUARDIAN

\_\_\_\_\_

DATE