

**The Deana Rawlings Scholarship for Breast Cancer Awareness Application  
2023-2024**

The Deana Rawlings Scholarship for Breast Cancer Awareness is an award of \$1000.00 and is meant to assist one **former Chisholm Trail Middle School** student each year who is a graduating senior from a Northwest ISD High School. Ratings of scholarship applications are based on financial need, history of participation in extracurricular activities, honors received, record of community service performed, work history, and GPA.

Applicants must attach an official transcript including grades, class ranking, and ACT or SAT scores (including written scores). Students applying to both scholarships need to complete both applications. **The application deadline for this scholarship is FRIDAY, APRIL 26, 2024.**

*Please Print Clearly All Information Requested on this Application*

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Occupation Father \_\_\_\_\_ Salary \_\_\_\_\_

Occupation Mother \_\_\_\_\_ Salary \_\_\_\_\_

College you are planning to attend \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

Please feel free to substitute a typed, double-spaced attachment in fulfillment of the remaining portion of the application and attach it to this sheet if you need additional space.

List All Honors, Offices held, and any activities throughout High School:

Employment:

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Volunteering or Community Service Completed:

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Are you or have you been Limited English Proficient and in the English as a Second Language Program?

If yes, how has this impacted your educational experience?

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**This application will not be considered unless signed below. Chisholm Trail Middle School Site-Based Decision Making Committee will review and consider applications for this scholarship in which all criteria is met.**

I hereby give permission to use the information provided on this application form for recognition purposes if I am selected to receive a scholarship award. I also give permission to release information concerning my academic progress to donors of any scholarship I receive.

I certify that I have read and understand the scholarship eligibility requirements and that all the information given on this application form is true and correct to the best of my knowledge.

I understand that incomplete applications will not be considered. I understand that the application deadline is **April 26, 2024** and that applications postmarked after the deadline will not be considered. I understand that the application is only complete with all supporting materials included. I understand that the selection of the Scholarship committee is final.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature – if applicant is under age 18  
\_\_\_\_\_ Date \_\_\_\_\_

Applications mailed or submitted to:

**Chisholm Trail Middle School  
Attn: CTMS PTA Scholarship  
583 FM 3433  
Rhome, Texas 76078**

