$500 Employee Scholarship Application

The EMS ISD Education Foundation Employee Scholarship Awards are established to assist district staff in pursuing college and specialty degrees or certifications that will enhance their skills to benefit the students of the district.

Applications must be completed and returned to the EMS ISD Education Foundation Office by October 24, 2025. (address below)

RULES AND REGULATIONS

Employee Scholarship - ($500)

Awarded to employees in the EMS ISD who are pursuing further education related to a subject area that will directly benefit the district and its students. Must have been an employee for over one year. Scholarships must be claimed within one year of award date or they are forfeited. Employee must be currently employed by the EMS ISD in order to claim awarded scholarship. **Scholarships will be announced late November and awarded at the Education Foundation dinner in December.** *Please type your response, handwritten applications are not encouraged.*

ELIGIBILITY AND QUALIFICATIONS

To be eligible:

- You must be currently employed by the Eagle Mountain-Saginaw Independent School District.

- You must have completed **ONE YEAR** of employment with the district. The employee must also have demonstrated the following:

  Outstanding work ethic and ability
  Participation in school and community organizations and activities
  Leadership ability

- You must have participated in the employee campaign
  Please mark participation ☐Yes ☐No

Last Name: _____

ADDITIONAL REQUIREMENTS
Complete the EMS ISD scholarship application and ***include two letters of reference*** from individuals who represent different sources and who are not related to the applicant. Only one of these can be a peer reference. Please provide your reference with a self-addressed stamped envelope or have them submit to your Campus Principal/Administrator to be sent to our office with your application. This application must be signed by your campus Principal/Administrator. Applications and all information submitted with the application become the property of the EMS ISD Education Foundation.

Completed applications and letters of reference are to be sent to:
EMS ISD Education Foundation
1600 Mustang Rock Road
Fort Worth, Texas 76179

Or via Inter Office mail to:
Central Administration: Education Foundation.

Questions? Contact the Education Foundation Office at:
(817) 232-0880 ext. 2577
edfoundation@ems-isd.net

*****Letter of Recommendation should include:**

Applicant's name.
How do you know the applicant?
How many years have you worked for/with the applicant?
In 200 words or less, please describe this applicant's work ethic, character, etc…

Last Name: _____

EMS ISD Education Foundation
Employee Scholarship Application

PART I

Name _____
(Last) (First) (Middle)

Home Address

_____
(Number and Street) (City) (Zip Code)

Telephone (____)_____ Campus_____

Program/classes/college where scholarship will be applied. Please be very specific. Example: Bachelor's Degree classes from University of North Texas in Early Childhood Education.

Response:

Anticipated completion date or timeline of current program/class for which you are requesting scholarship:

Response:

Completed years of employment in the EMS ISD: Response:

Current Position held in EMS ISD: Response:

Other positions held in district and duration thereof:

Response:

Please type your responses, handwritten applications are not encouraged.

Last Name: _____

PART II

1. CAREER ASPIRATIONS AND GOALS:

2. COMMUNITY ACTIVITIES- PAST AND PRESENT (include only last 5 years):

3. ACADEMIC AND LEADERSHIP ACHIEVEMENTS:

4. PARTICIPATION IN PROFESSIONAL DEVELOPMENT ACTIVITIES:

Last Name: _____

PART III Answer each of the questions below in 150 words or less.

1. DESCRIBE YOUR STRENGTHS AS AN EDUCATOR OR STAFF MEMBER.

2. EXPLAIN HOW THIS SCHOLARSHIP WILL BENEFIT YOU, THE STUDENTS, AND THE DISTRICT.

I understand that the EMS ISD Education Foundation Employee Scholarship is extremely competitive and not all applicants will be awarded scholarships.

I accept the rules and regulations of this application and understand that the decision of the scholarship committee is final.

I understand that my scholarship must be claimed within 12 months of my award or be forfeited and that I must be employed by the EMS ISD to receive the scholarship.

Applicant Signature: _____ Date: _____

Campus Principal Signature: _____ Date: _____

Campus: _____

Please return an original signed copy of this application to the Education Foundation office. Two reference letters must be sent to the Education Foundation office by the final application deadline.