

April 4, 2019

Scholarships

It is time to award Galena Park Association School Nutrition Scholarships again. Attached are the current application forms. The association has a scholarship available for \$500. We will be accepting applications until Wednesday, May 1, 2019.

**Please send the completed application to Connie Gable at Galena Park ISD Student Nutrition Office, at the Administration Building. Please send in a sealed envelope.**

Thank you

Connie Gable



GALENA PARK ASSOCIATION for SCHOOL NUTRITION  
STUDENT SCHOLARSHIP APPLICATION  
(Incomplete Applications will be disqualified)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

NAME OF HIGH SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

**REQUIRED:**

Galena Park Association for School Nutrition member name:

\_\_\_\_\_ Membership Number \_\_\_\_\_

Relationship: (Circle one) Parent or Grandparent

**PLANS:**

1. What college do you plan to attend? \_\_\_\_\_
2. When do you plan to enroll? \_\_\_\_\_
3. Course of study planned in college: \_\_\_\_\_

**PAST RECORD:**

1. Student ranks number \_\_\_\_\_ in a class of \_\_\_\_\_ number of students. Quartile: \_\_\_\_\_
2. List activities and sports both in school and out of school in which you have taken part:

3. List responsible positions you have held both in school and out of school.

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4. List honors or awards you have received:

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**FINANCIAL NEED:**

**If you are single and living with your parent or guardian fill out this section.**

1. What is the total gross annual income of your parents or guardians? \_\_\_\_\_
2. How many members in your immediate family, include parents and children? \_\_\_\_\_
3. Are any other family members currently enrolled in college? \_\_\_\_\_ How many? \_\_\_\_\_
4. Do you have a part-time job? \_\_\_\_\_ If so, what is your annual income? \_\_\_\_\_
5. Do you plan to work part-time in college? \_\_\_\_\_ If so, what do you expect to earn? \_\_\_\_\_
6. Give other plans you have for financing your college education:

7. Are you expecting any other scholarship? \_\_\_\_\_ If so, what is the value? \_\_\_\_\_

**If you are married please fill out this section.**

1. What is your total gross annual income? \_\_\_\_\_ your spouses ? \_\_\_\_\_
2. How many dependants do you have, include yourself and your spouse? \_\_\_\_\_
3. Do you plan to work full or part-time while attending college? Circle one Full time or Part time  
\_\_\_\_\_
4. Is anyone in your household attending college now or plan to attend? \_\_\_\_\_
5. Are you expecting another scholarship? \_\_\_\_\_ If so, what is the value? \_\_\_\_\_
6. Give other plans you have for financing your college education:  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

For students living with parents, please have your parent sign this application.

PARENTS SIGNATURE \_\_\_\_\_

PARENTS ADDRESS \_\_\_\_\_

PARENTS TELEPHONE NUMBER \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please write a letter to the scholarship committee and attach it to this form, giving them additional information you would like considered and your reasons for attending college.  
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