

2020 Lake Conroe Area Republican Women Scholarship Application



Lake Creek High School _____
Montgomery High School _____
Willis High School _____

Please Mark High School CURRENTLY attending

LCARW will present a \$1000 Scholarship to two (2) graduating students from each school. Completed Application must include High School Transcript and be **postmarked no later than Friday, March 27, 2020.**

Please mail to:

Lake Conroe Area Republican Women
Attn: Scholarship Committee
P.O. Box 737
Montgomery, Texas 77356

Counselor Information

Name of Applicant

Counselor
Signature _____ Date _____



PERSONAL INFORMATION

Please Print

Applicant Full Name _____

Email: _____

Cell Phone: _____

Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Father's

Father's

Name: _____

Occupation: _____

Email: _____

Phone/Cell: _____

Mother's

Mother's

Name: _____

Occupation: _____

Email _____

Phone/Cell: _____

No. of family members/people living in your home: _____ Adults _____ Children

Feel Free to attach as much information as you feel is needed

STUDENT INFORMATION

College or University you plan to attend _____

Accepted? Yes ___ No ___

Major/Minor: _____ / _____

College Entrance Exam Score

SAT _____ **ACT** _____

GPA _____ **on** _____ **scale**

Class Rank in percentile _____ **Class size** _____



ACADEMIC and COMMUNITY HONORS/AWARDS/ACHIEVEMENTS – Honor Society, Commended Scholar, etc. (attach additional pages if necessary)

- 1) _____
- 2) _____
- 3) _____

Are you a member of the National Honor Society? Yes _____ No _____

If yes, how many years?

Did you hold any office in the NHS? If so, what office(s) did you hold?

SCHOOL-RELATED ACTIVITIES – Please list any organizations and clubs (*show years of membership and any offices held*) What were your activities in this club?

Name: _____ Yrs__ in Club: Office Held: _____

Activities: _____

Name: _____ Yrs__ in Club: Office Held: _____

Activities: _____

Name: _____ Yrs__ in Club: Office Held: _____

Activities: _____

Name: _____ Yrs__ in Club: Office Held: _____

Activities: _____

COMMUNITY/OTHER ACTIVITIES – No. of volunteer hrs. /wk.: _____

List activities below:

- 1) _____
- 2) _____
- 3) _____



POLITICAL/GOVERNMENTAL ACTIVITIES – Have you participated in any political organization or campaign? If so, what did you do?

- 1) _____
- 2) _____
- 3) _____

EMPLOYMENT / INTERNSHIP

Are you presently employed? Yes ____ No ____ What type of work? _____

Include dates and hours per week? _____

ESSAY (Required) Write a statement of approximately 100 words, expressing educational plans, career objectives and personal goals. (Attach)

REFERENCES: (Please attach Letters of Reference)

1.	Name:	Relationship:
	Address:	
	City/State/Zip:	
	Email:	
2.	Name:	Relationship:
	Address:	
	City/State/Zip:	
	Email:	



- Check List:**
- Application** _____
 - Sealed Official Transcript** _____
 - Two Letters of Recommendation** _____
 - Career/Personal Goals Statement/Essay** _____

All items on check list must be included to be considered for the Scholarship.

If you have any questions, please address them to: members@lcarw.org.

The information provided will be shared only with the Scholarship Committee of the LCARW.

Please save and print the completed application, sign and date it.

Applicant's Signature: _____ *Date:* _____