

Lake Conroe Area Republican Women 2022 Scholarship Application



Lake Creek High School _____
Montgomery High School _____
Conroe Area Christian Homeschool _____
Please Mark High School CURRENTLY attending

LCARW will present a \$1000 Scholarship to one (1) graduating student from each school. Completed Application must include High School Transcript and be **postmarked no later than Friday, April 22, 2022.** 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
Name: _____

Father's
Occupation: _____

Email: _____

Phone/Cell: _____

Mother's
Name: _____

Mother's
Occupation: _____

Email: _____

Phone/Cell: _____

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

Please 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 Reference:** _____
- 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:*** _____