

# 2022 Leander ISD Council of PTAs High School Senior Scholarship Application

Name: \_\_\_\_\_  
*Last First Middle Initial*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

High School GPA \_\_\_\_\_

Are you a member of your high school's PTSA?  Yes  No  
(Need to join? Visit your school's PTA website or [www.joinpta.org](http://www.joinpta.org).)

Parent/Guardian Name(s): \_\_\_\_\_

What institution do you plan to attend next year? \_\_\_\_\_

Have you applied to the above Institution? Yes No

What is your proposed major? \_\_\_\_\_

Have you been accepted?  Yes  No (Please attach your letter of acceptance, if "yes")

Are you a member of your local PTSA?  Yes  No

*For eligibility and application requirements, please refer to the cover page of this application form. Applicant must be a member of the local PTSA where the applicant is currently enrolled and that PTSA must be in good standing. The Leander ISD Council of PTAs will verify current membership.*

## APPLICANT'S STATEMENT

I agree to the provisions of this application. I further signify that the information given on this application is, to the best of my knowledge, accurate.  Click this box to submit your signature digitally by typing your name below.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

*In fairness to all applicants, the Scholarship Committee will consider only those who follow all instructions and complete every detail of the application. The deadline for submission to the Scholarship Committee is **March 23, 2022, 4 p.m.***