

# 19-20 Leander ISD Council of PTAs High School Senior Scholarship Application

Name:

\_\_\_\_\_

*Last First Middle Initial*

Street Address:

\_\_\_\_\_

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

Phone #:

(\_\_\_\_) \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Email:

\_\_\_\_\_

\_\_\_\_\_

High School:

\_\_\_\_\_

High School GPA:

\_\_\_\_\_

Parent/Guardian Name(s):

\_\_\_\_\_

What Institution do you plan to attend next year?

\_\_\_\_\_

Have you applied to the above Institution?

\_\_\_\_\_

What is your proposed major?

\_\_\_\_\_

Have you been accepted? \_\_\_\_\_ (Please attach your letter of acceptance, if "yes") Are you a member of your local PTSA (or other PTA if your school does not have one) ? \_\_\_\_\_

*For eligibility and application requirements, please refer to the LISD Council of*

*PTAs Scholarship Standing Rules.*

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.

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*Signature of Student*

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*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 May 8th, 2020 at 4 p.m to [ScholarshipComm.LISDCouncilPTA@gmail.com](mailto:ScholarshipComm.LISDCouncilPTA@gmail.com) Due to the COVID-19 pandemic , all applications will be submitted by email this year. Please email the Scholarship Committee if this creates hardship or you have additional questions regarding submittal.*