

EAST MONTGOMERY COUNTY SCHOLARSHIP FOUNDATION APPLICATION

There are two methods to utilize the EMCID Scholarship.

1. Apply for scholarship by direct reimbursement.
2. Apply for scholarship through the Financial Aid Office at any Lone Star College System campus.

1. INSTRUCTIONS FOR DIRECT REIMBURSEMENT

Check List

- Completed application
- Copy of high school transcript
- Copy of enrollment at educational institution
- Copy of paid receipt for tuition & fees – up to \$1,000
- Proof of educational institution's class drop date
- Proof of residency in District for one year preceding graduation is required for students graduating from schools/programs other than New Caney and Splendora High Schools

Please note that scholarship funds will not be disbursed through direct reimbursement until after your educational institution's class drop date.

Mail the above to the following:

East Montgomery County Scholarship Foundation
P O Box 1019
New Caney, TX 77357-1019

Attn: Suzanne Parmer

2. INSTRUCTIONS FOR USE OF THE EMCID SCHOLARSHIP

for the LONE STAR COLLEGE SYSTEM

To use the EMCID Scholarship at any campus of the Lone Star College System, students must apply through the Financial Aid Office. The East Montgomery County Scholarship Foundation Application **must be completed and returned to the ABOVE address.**

Should you have any questions, please call Suzanne Parmer at 281.354.4419.

EAST MONTGOMERY COUNTY SCHOLARSHIP FOUNDATION APPLICATION

Part A – Student/Applicant Information

Date Submitted: _____

SSN: _____ - _____ - _____ Name: _____
Last First Middle

Permanent Address: _____
Street City/State Zip

Phone Day: _____ Evening: _____ Cell: _____ Email: _____

Date of Birth: _____ Date of High School Graduation/GED: _____

Part B – Emergency Contacts; please provide contact information for two persons (preferably parents or close family members) who are likely to know your contact information on a continuing basis

Contact 1: Name: _____ Relation to Applicant: _____
Phone: _____ Address: _____ Email: _____

Contact 2: : Name: _____ Relation to Applicant: _____
Phone: _____ Address: _____ Email: _____

Part C – Scholastic Information

I have graduated from the following program (Check One):

- (1) New Caney High school; (2) Splendora High School; (3) Graduate Equivalency Degree (GED)*;
(4) private high school*: _____; (5) home school high school program*

***proof of residency within the EMCID for the year preceding graduation required**

I am applying for EMCSF scholarship funds for use at the following educational institution (Check One):

- Lone Star College: (Circle Campus) – CyFair, Kingwood, Montgomery, North Harris, Tomball
 Other College or University (Specify Location): _____
 Other (please specify): _____

I hereby authorize the East Montgomery County Scholarship Foundation (“EMCSF”) or its representatives to provide any and all information contained in this application to any educational institution listed above as providing courses for which I am seeking scholarship funding (the “Educational Institutions”). Additionally, I hereby authorize any Educational Institutions to provide EMCSF with any and all information deemed necessary, in the sole discretion of EMCSF, to evaluate the award any of scholarship funds contemplated in this application. I understand that, as a condition to receiving any scholarship funds from EMCSF, I will be required to provide additional information to EMCSF for verification purposes. I understand that failure to provide any information requested by the EMCSF may result in forfeiture or denial of scholarship funds from the EMCSF. I affirm that all of the above information and statements contained herein are true and accurate to the best of my knowledge. I understand that the scholarship funds granted from EMCSF are for tuition and fees only. I further understand that all funds must be used within 24 months of graduation from high school or completion of GED program. The undersigned acknowledges that if a course is dropped that has been paid for with EMCSF funds, said course fees and tuition will be reimbursed directly to EMCSF.

EMCSF Representative Signature Date

Student/Applicant Signature Date