



EAST MONTGOMERY COUNTY SCHOLARSHIP FOUNDATION

Merit Scholarship Application

OVERVIEW & ELIGIBILITY

The East Montgomery County Scholarship Foundation (EMCSF) is proud to offer a \$500 merit-based scholarship available to deserving college students who plan to continue their education. The scholarship will be awarded to those who demonstrate academic excellence, leadership and service, and financial need.

To be eligible for the EMCSF Merit Scholarship, the applicant:

- Must have a cumulative college-level GPA of 2.75 on a 4.0 scale for all coursework completed, regardless of institution attended. If the student has attended more than one school, transcripts may be recalculated to determine the cumulative GPA for all college-level coursework taken. GPA is evaluated at the point of application.
- Must have a minimum of 48 college-level credits completed by December 31, 2017.
- Must be a previous recipient of East Montgomery County Scholarship Foundation funding.
- Must demonstrate leadership and service.
- Must demonstrate financial need.

A completed Scholarship Application, received no later than March 1, 2018, will include the following:

- Completed application form,
- An official copy of the student's most recent college transcript, and
- A 400 to 500 word typed essay on the topic described in Section III.

Please go to www.emctx.com/scholarships/applications or call us at 281.354.4419 with any questions.

Applications for the Merit Scholarship will be accepted only between February 1 and March 1 each year. You may drop off or mail your completed application form and documents, to be **received no later than March 1, 2018**, to the address below:

Drop off:

East Montgomery County Scholarship Foundation
21575 U.S. Highway 59, Suite 200
New Caney, TX 77357

Mail to:

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



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SECTION I: PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____ City, State, Zip: _____

Phone (best reached at): _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____
Month/Day/Year City & State M/F

High School Attended/Graduation Year: _____

Parent(s) Name(s): _____

Address (if different): _____ City, State, Zip: _____

Phone: _____ Email: _____

SECTION II: COLLEGE/UNIVERSITY PLANS

Educational institution at which you wish to use your scholarship: _____

Degree being pursued: _____

Major: _____ Minor (if applicable): _____

Number of college credits earned to date: _____ Number of credits required for graduation: _____

Expected Graduation date: _____ Cumulative GPA: _____
Month/Year

Career goals: _____

Colleges and universities attended, dates of attendance, and degree (if applicable). Attach all transcripts.

Name of College	Years	Degree (if applicable)



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PLEASE NOTE: You may substitute or include separate sheets of paper for any or all of the sections that follow (Sections III to V) as long as the information is clearly labeled and structured like the tables.

SECTION III: ESSAY

The essay should be 400-500 words on a separate sheet(s) of paper typed and double spaced. Describe how your previous receipt of Foundation funds has impacted your college experience. If you are selected as a recipient of the Merit Scholarship, how will this facilitate your continued success in college?

SECTION IV: ACTIVITIES, HONORS & AWARDS, EMPLOYMENT

Please list below all clubs, sports, an extra-curricular activities that you have participated in at college, starting with the most recent. If necessary, attach a separate sheet of paper structured identically to the table below. Please list approximate total hours served, not average hours per week. Please list any awards and honors you have earned. Finally, please list your employment history.

Name of School/ Organization & Location	Type of Activity	Year	Total Hours

Award/Honor	Given By	Year

Name of Employer	Position	Date From	Date To



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SECTION V: LEADERSHIP

List any leadership roles. Please note how these roles will help you through college and in your career. You must state the name of the organization, years involved, and number of hours committed to the organization per year. Please list approximate total hours served, not average hours per week. (Add additional pages if necessary).

<u>Business/Organization</u>	<u>Years</u>	<u>Leadership Role(s)</u> <u>Benefits</u>	<u>Hours/Yr</u>
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SECTION VI: FAMILY FINANCIAL STATEMENT

Family's Adjusted **Gross** Income (IRS 1040): \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999
 \$75,000 - \$99,999 \$100,000 +

Number of siblings living at home: _____ Ages of siblings: _____

Number of siblings attending college: _____

PROJECTED EXPENDITURES (FOR ONE YEAR OF COLLEGE)

The Cost of Attendance can usually be found on the college's financial aid website.

Tuition	\$ _____
Room and board (if applicable)	\$ _____
Books and supplies	\$ _____
Incidental expenses	\$ _____
Personal expenses (e.g. clothing, gas)	\$ _____
Total Estimated Expenses	\$ _____

SECTION VII: SIGNATURE

I certify that all of the information I have provided to the EMCSF in connection with this application is complete and accurate to the best of my knowledge. Upon request, I agree to provide the EMCSF any additional information that may verify the accuracy of such information. I agree that all documents submitted as part of this application must be authentic and that if I purposely give false or misleading information, I will be disqualified. Furthermore, I acknowledge that certain information that I have provided to the EMCSF may be subject to the Texas Public Information Act and, thereby, available to the general public upon request. Furthermore, I give the EMCSF permission to use my name and any other information contained within the application or provided to the EMCSF in connection with this application (except for certain financial information that is excepted from disclosure under the TPIA) for advertising, promotional and publicity purposes without consent or compensation. I hereby hold the EMCSF and the East Montgomery County Improvement District harmless from and against any and all claims, damages, costs, expenses and liability arising out of or in any way related to the application for and/or receipt of scholarship funds from the EMCSF.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____