

**ODESSA TEACHERS ASSOCIATION
SCHOLARSHIP APPLICATION**

I hereby make application for the **educational/vocational** (*circle one*) scholarship offered by the Odessa Teachers Association. I intend to enroll in

_____ for the term beginning _____.
(Name of College or University) Month Year

Complete the following information in full.

Full Name: _____ SSN# _____

Address: _____
Street City County

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Age: _____ Occupation: _____

Mother's Name: _____ Age: _____ Occupation: _____

Number of brothers and sisters older than you: _____ Younger than you: _____

Do you have any siblings in college? _____ If yes, how many? _____

Have you applied for financial aid? _____ If yes, what kind? _____

Is anyone dependent on you for support? _____ If yes, how many? _____

In the budget below, please list your anticipated expenses and your resources for meeting these costs for the school year, August to May.

Estimated Expenses for the School Year

Tuition and Fees \$ _____

Books and Supplies \$ _____

Room and Board \$ _____

Incidentals (include
clothes, haircuts, laundry,
recreation, miscellaneous
expenses) \$ _____

TOTAL \$ _____

Estimated Resources for the School Year

Summer Savings \$ _____

Other Savings and Assets \$ _____

Contributions by Parents \$ _____

Gifts/Loans/Job Earnings \$ _____

Scholarships \$ _____

Any other income/resources \$ _____

TOTAL \$ _____

For what type of vocation do you intend to prepare?

Have you attended any other high schools? _____ If yes, what schools?

What student offices have you held while in high school?

What high school honors have you received?

What travel experience have you had?

What are your hobbies?

What is the extent of your participation in out-of-school activities for young people, such as church, scouts, etc?

Explain why you think you are a good candidate for this scholarship.

PLEASE ATTACH A TRANSCRIPT AND ONE LETTER OF REFERENCE

If I am selected as the Scholarship recipient, I understand that \$150 will be forwarded each semester to the business office of the college of my choice. I also understand the money will be applied over the first year of college to reduce my tuition and/or fees. Should I drop out of college or be dismissed prior to completing the first year of college, any unused portion of the \$300 will be returned to the Odessa Teachers Association.

Date

Signed

Applicant

Parent/Guardian

RETURN TO OHS COUNSELORS' OFFICE BY APRIL 1