

LAKE HIGHLANDS WOMEN'S LEAGUE

2020 SCHOLARSHIP INFORMATION

Thank you for applying for a Lake Highlands Women's League scholarship. The LHWL will award one-year College scholarships to selected seniors graduating from LHHS.

AWARD IS BASED ON: 1. evidence of a genuine desire to obtain a college education 2. a need for financial assistance 3. academic performance and 4. personal character

All information submitted will be considered confidential by the Lake Highlands Women's League Education Committee and will not be discussed with third parties.

A personal interview with representatives of the LHWL Scholarship Committee in March is required for finalists.

Scholarship awards will be paid 1/2 for the first (fall) semester and 1/2 for the second (spring) semester. If the scholarship recipient does not complete the first semester of college, or fails to enroll in the second semester, except for reasons acceptable to the LHWL, the unpaid portion of any scholarship given will be forfeited. Scholarships are to be used for tuition and fees only and may not be applied toward housing.

As stated in the Lake Highlands Women's League by-laws: No child, grandchild, stepchild, step-grandchild, niece or nephew of an Active Member, Associate Member, Sustaining Member, Life Member, or Former Member shall be eligible for any scholarship given by the League.

Each applicant is required to obtain the following: a Teacher/Coach Recommendation **to be turned in directly to the counselors' office**; a personal letter of recommendation from an **adult** minister, employer or family friend (excluding members of Lake Highlands Women's League) and **TEN (10) COMPLETE SETS (the original + 9 copies)** of the following:

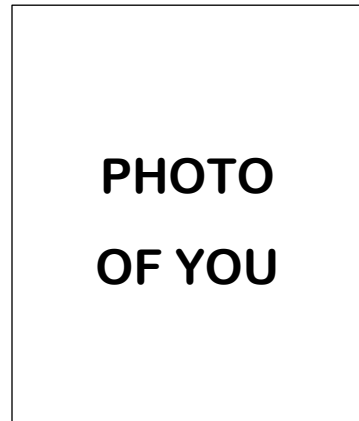
- ❖ LHWL Scholarship Application – 3 pages – entirely complete
- ❖ Resume detailing extracurricular activities
- ❖ High School Transcript – unofficial copy – both sides – including senior classes

We will communicate with you by email only. Be sure to provide a WORKING email address and check it on a regular basis.

APPLICATIONS ARE DUE TO THE LHHS COUNSELORS' OFFICE NO LATER THAN WEDNESDAY, FEBRUARY 12, 2020 – 4:00 PM

NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED

LAKE HIGHLANDS WOMEN'S LEAGUE SCHOLARSHIP APPLICATION



DUE DATE: WEDNESDAY, FEBRUARY 12, 2020 – 4:00 PM

This application must be completed in full to be considered

**ALL INFORMATION IS CONFIDENTIAL*

NAME: _____

E-MAIL ADDRESS: _____ (REQUIRED)

LHHS GMAIL ADDRESS: _____ (REQUIRED)

ADDRESS: _____ DALLAS, TX ZIP: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

AGE: _____ DATE OF BIRTH: _____

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

NAME _____

ADDRESS _____

OCCUPATION _____

EMPLOYER _____

NUMBER LIVING IN HOUSEHOLD _____ NAMES AND AGES OF SIBLINGS (List school attending)

IF SIBLING IS ATTENDING COLLEGE, HOW IS EACH FINANCING HIS/HER EDUCATION? _____

APPROXIMATELY HOW MUCH FINANCIAL ASSISTANCE PER YEAR CAN YOU EXPECT FROM YOUR FAMILY?
(Please include education trust and/or investment funds as well as any extenuating circumstances)

WHAT EFFORTS HAVE YOU MADE TO SECURE OTHER FINANCIAL ASSISTANCE, SCHOLARSHIP, GRANTS,
FINANCIAL AID, ETC? _____

HAVE YOU RECEIVED ANY OF THE ABOVE? _____ WHICH ONES AND HOW MUCH TOTAL FINANCIAL ASSISTANCE HAVE YOU RECEIVED? _____

EMPLOYER INFORMATION IF APPLICABLE: (Note: The Professional Intern Program does not count as work)

EMPLOYER _____

HOURS/WEEK: DURING THE SCHOOL YEAR: _____

HOURS/WEEK: SUMMER: _____

DO YOU PLAN TO WORK DURING YOUR FRESHMAN YEAR (or during college)? _____

COLLEGES TO WHICH YOU HAVE APPLIED: CHECK IF ACCEPTED DECIDED TO ATTEND

COLLEGES TO WHICH YOU HAVE APPLIED:	CHECK IF ACCEPTED	DECIDED TO ATTEND
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAT _____ ACT _____ GPA _____

TOTAL NUMBER OF PRE/AP, AP, HONORS, DUAL CREDIT CLASSES TAKEN _____

ARE YOU BILINGUAL? _____ LIST LANGUAGES SPOKEN _____

EXTRACURRICULAR ACTIVITIES: PLEASE ATTACH A RESUME LISTING PARTICIPATION IN ATHLETICS, ORGANIZATIONS, PUBLICATIONS, SCHOOL PLAYS, SCOUTS, BAND, STUDENT GOVERNMENT, CHURCH, COMMUNITY ACTIVITIES, ETC. BE SPECIFIC IN LISTING DATES, OFFICES HELD, DUTIES PERFORMED AND SPECIAL RECOGNITION AND HONORS. (9th grade through 12th grade)

Please submit TEN (10) complete sets (the original + 9 copies) of:

1. LHWL Scholarship Application – 3 pages - photo may be copied
2. Resume detailing your extracurricular activities
3. High School Transcript – unofficial copy – both sides – including senior classes
4. Personal letter of recommendation

Name of teacher/coach turning in your recommendation directly to counselors' office:

Name of person who wrote your personal letter of recommendation:

If chosen as a scholarship recipient, I give permission for LHWL to use my name and photograph in LHWL publicity.

APPLICANT SIGNATURE _____ DATE _____

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

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NAME: _____

LAKE HIGHLANDS WOMEN'S LEAGUE SCHOLARSHIP APPLICATION

PLEASE COMPLETE THE FOLLOWING:

1. DESCRIBE A PERSON OR AN EXPERIENCE THAT HAS MADE A DIFFERENCE IN YOUR LIFE & EXPLAIN WHY.

2. EXPLAIN WHY YOU ARE APPLYING TO THE COLLEGE OR COLLEGES YOU HAVE LISTED.

3. WHAT ADDITIONAL INFORMATION (NOT ALREADY ADDRESSED IN THIS APPLICATION) DO YOU WISH TO SHARE WITH THE LHWL SCHOLARSHIP COMMITTEE?

**TEACHER RECOMMENDATION
LAKE HIGHLANDS WOMEN'S LEAGUE SCHOLARSHIP**

STUDENT'S NAME: _____

TEACHER'S NAME: _____

Please rate this student in comparison to other college-bound students whom you have taught.

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT
LEADERSHIP				
EMOTIONAL MATURITY				
INDEPENDENCE, INITIATIVE				
REACTION TO SETBACKS				
DISCIPLINED WORK HABITS				
EFFECTIVE CLASS PARTICIPATION				
POTENTIAL FOR GROWTH				
COLLEGE READINESS				

PLEASE SHARE HOW YOU HAVE KNOWN THIS STUDENT AND DESCRIBE THE OUTSTANDING QUALITIES THAT YOU FEEL THE STUDENT DEMONSTRATES.

SIGNATURE: _____

PLEASE SUBMIT THIS FORM DIRECTLY TO COUNSELORS' OFFICE

BY 4:00 pm Wednesday, FEBRUARY 12, 2020

THANK YOU FOR YOUR TIME AND CONSIDERATION