

# The Carroll Education Foundation

## Scholarship Application

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Applicant # (Students: Please leave this blank; For Guidance Office) \_\_\_\_\_

To apply for the Carroll Education Foundation Scholarship you will need to:

- Complete this application form in its entirety, including this page. Points will be deducted for incomplete applications.
- Attach to the application a brief essay about you of 500 words or less. Include your course of study, goals, and/or dream; not financial need. (1.5 spacing, size 11 font)
- Obtain and attach a personal letter of recommendation from someone in the community. Do not select a teacher.
- Have the Teacher Evaluation Form completed and returned to the counselor.
- Provide a copy of your school transcript.
- Return this application to the Guidance Office by the deadline of March 30, 2012.
- Please DO NOT attach a resume, instead complete the information on the application in the order requested.

**Important: Your name should not appear on any form, essay, and letters of recommendation or anywhere else except on this page:**

*Please complete the following: Please print clearly*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

If I receive this scholarship and later see that I cannot attend college within the time frame stipulated, I would notify the Carroll Education Foundation as quickly as possible. I understand that acceptance of full tuition scholarship from another source disqualifies me for the scholarship.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

All information will be kept strictly confidential



The Carroll Education Foundation  
Scholarship Application

Awards/Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outside Interests/Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

We're you employed during the school year?      No      Yes  
Were you employed during the summer break?      No      Yes

Please also include any internships you may have completed and in what field.  
If yes, please furnish your employment record beginning with the most recent job.

<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>

# Scholarship Application

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## TEACHER EVALUATION FORM

(All information will be kept confidential)

The purpose of the Carroll Education Foundation scholarship is to support the vision of the Carroll Independent School District to provide a learning environment that inspires individual success and responsibility in a competitive and global community. Criteria for selection of the Carroll Education Foundation scholarship recipient(s), academic record, SAT/ACT scores, involvement in school and community, and character and leadership qualities. **Applicant's name should not appear on this form.**

**APPLICANT # (Students: Please leave this blank; For Guidance Office) \_\_\_\_\_**  
**Please provide your evaluation of the applicant in the areas indicated below:**

**A. Scholastic record and academic ability: \_\_\_\_\_**

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**B. Character (i.e. initiative, cooperation, dependability, etc. \_\_\_\_\_**

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**C. Participation and leadership in activities: \_\_\_\_\_**

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**D. Other Comments: \_\_\_\_\_**

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Signature of Teacher 2012

# BAYLOR

Regional Medical Center  
at Grapevine

## Volunteer Services

1650 West College  
Grapevine, TX 76051  
(817) 329-2665

## 2012 SCHOLARSHIP

The Volunteer Services of Baylor Regional Medical Center at Grapevine will be offering two \$3,000 scholarships to area high school seniors for the 2011-2012 school year to the recipient's college or university of choice. A committee composed of the Volunteer Services President, two (2) general members, the Coordinator of Volunteer Services, the scholarship chairperson, and one (1) member from the education community will act as judges. The award will be paid directly to the college/university upon written verification of enrollment from the recipient's school.

In order to be eligible for the scholarship:

- The scholarship applicant **must** be planning to pursue a career in the **medical field**.
- The scholarship applicant **must** be a high school senior graduating from an area high school in the 2011-2012 school year.

To be accepted by the Scholarship Committee for consideration, items 1 through 5 below must be received in a complete packet no later than Saturday, **March 31, 2012**.

1. The completed application. *No incomplete application will be considered.*
2. Transcript of all high school grades - ninth grade through first semester 2011-2012.
3. Two (2) teacher recommendations and one (1) community member recommendation.
4. Official copy of SAT and/or ACT scores, rank in class, size of class, and list of AP/Honors classes.
5. A one-page, typed essay in which the applicant discusses his/ her **QUALIFICATIONS** and **NEED** for this scholarship.

### **MAIL or DELIVER COMPLETED PACKET TO:**

Pam Baker 601 Clariden Ranch Road Southlake TX 76092

**MUST BE RECEIVED NO LATER THAN Saturday, March 31, 2012**

For further information please email [pambaker1@yahoo.com](mailto:pambaker1@yahoo.com)

**The decision of the scholarship committee is final.**

**VOLUNTEER SERVICES OF BAYLOR REGIONAL MEDICAL CENTER  
AT GRAPEVINE  
SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

DATE OF BIRTH \_\_\_\_\_ SEX M \_\_\_ F \_\_\_ Home phone. ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_ HIGH SCHOOL DATE OF GRADUATION

\_\_\_\_\_ FATHER'S NAME MOTHER'S NAME

1. Have you ever been a summer Junior Volunteer at an area hospital? Y \_\_\_ N \_\_\_ Where?  
\_\_\_\_\_

2. Have you ever worked at a hospital or taken classes at a hospital for high school credit? Y \_\_\_  
N \_\_\_ Name of Hospital \_\_\_\_\_

3. List colleges to which you have applied or plan to apply. Indicate where you have been  
accepted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your medical field of interest? \_\_\_\_\_

5. List your extracurricular activities (clubs, sports, scouts, church and services to school and  
community, volunteer hours). Please list any offices held. *Attach on additional page.*

6. List honors, awards, class offices, scholarships, and other recognition you have received. *List on  
the additional page.*

7. List all part time or full-time employment during high school including summers. *List on the  
additional page.*

8. SCORES: SAT \_\_\_\_\_ ACT \_\_\_\_\_ Class Rank/Class size \_\_\_\_\_  
GPA\_ Weighted \_\_\_\_\_ Not Weighted \_\_\_\_\_

9. Number of AP/Honors CLASSES during 4 years of high school \_\_\_\_\_

10. List on this page hobbies or special interests.

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APPLICANT'S SIGNATURE

DATE

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PARENT'S SIGNATURE

DATE