Hermleigh Educational Foundation Scholarship Application

Name _____
First Middle Last

Address_____

_____
City State Zip

Phone _____ _____
Home Cell

Date of Birth_____ Sex _____ Social Security Number _____

Year Graduating from Hermleigh ISD _____

Number of Years of continuous attendance at Hermleigh ISD _____
(Attach a copy of your Hermleigh High School transcript and copy of elementary and middle school records to confirm years of enrollment in Hermleigh ISD)

Scholarship Amount ($1,000 per year of enrollment in Hermleigh ISD Maximum $14,000).

I, _____, verify that I have/will graduate from Hermleigh High School and will be attending _____ (name of institution), which is located in _____ (city and state) in the _____ (fall/spring) of _____ (year), and give permission for the Hermleigh Education Foundation to obtain grades in order to review my progress and maintain my scholarship.

I plan to attend this institution for _____ years, over _____ semesters and understand the scholarship will be paid to the institution, prorated by semester not to exceed eight semesters, and subject to the successful enrollment and attainment of at least a cumulative grade point average of no less than a 2.0 on a 4.0 grade point average scale. I confirm by my signature below this scholarship will be used to defray my educational expenses, and I will communicate any variances of this information to the Hermleigh Education Foundation and will provide any information required to substantiate this scholarship. Applications must be in Mrs. Schafer's office by _____.

_____ _____ _____
Name (printed) Signature Date