

TERESA MANESS EDUCATIONAL FOUNDATION SCHOLARSHIP APPLICATION 2008/2009 SCHOOL YEAR

This Application must be delivered to 101 Simonton, Conroe, Texas 77301, no later than:
June 1 to receive funds for Fall / Spring Semesters; Notification will be no later than July 15.

Application for: **Fall 2008** **Spring 2009**

- Supply requested information as completely and honestly as possible. You may attach your resume in lieu of filling in blanks on this Application. Information not contained in your resume must be supplied where requested. If a question does not apply to you place N/A in the blank.
- The Foundation has a racially nondiscriminatory policy as to applicants and therefore does not discriminate against applicants on the basis of race, color, and national or ethnic origin.
- The maximum award per student is \$5,000 per semester for eight semesters for a total of \$40,000.
- To apply for this scholarship, students who have previously attended a university must supply a copy of their transcript evidencing a 2.0 GPA or higher.
- The committee will use information contained in this Application for the purpose of scholarship awards only. Otherwise, information supplied in this Application will be kept confidential.
- To be considered for more than one semester you **must** complete pages 5 to 8 of this Application for **each semester** for which you are applying for scholarship funds.
- Full name: _____

Date of Birth: _____ Age last birthday: _____

County and state of legal residence: _____

Address: _____

E-mail address: _____

Phone numbers: Home: _____ Cell: _____

Social Security Number: _____ Driver's License No.: _____

Are you a U.S. Citizen? Yes No Number of Dependents: _____

Month and year you were: _____ Married _____ Divorced: _____ Widowed

Parents/Adults who support you financially: _____

Parents/Adults who support you emotionally: _____

Father's Name/Occupation: _____

Mother's Name/Occupation: _____

Siblings names and ages: _____

Siblings currently attending college: _____

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Other persons living in your household: _____

Spouse's Name/Occupation/Employer: _____

Spouse's Annual Salary: _____ Years/Months at this Job: _____

Does spouse have health insurance on you? ____ Yes ____ No If so, deductible: \$ _____

Your Children's names and ages: _____

Step-Children's names and ages: _____

Other persons living in your household: _____

Where do you plan to attend school? _____ When? _____

How many hours toward a degree do you have currently? _____

How many hours toward a degree do you need to graduate? _____

What degree will you be working on during the 2008/2009 school year?

____ 1st Bachelor's Degree ____ Occupational/Technical Degree or Certificate

____ 2nd Bachelor's Degree ____ Associate Degree (Occupational/Technical)

____ Graduate Degree ____ Associate Degree (Transfer Program)

____ Professional Degree: Explain: _____

Other: Explain: _____

State your long-range goals for school and career. Describe what specific skills and personal values you want to foster in yourself to achieve these ends:

What will your classification be when you begin the 2008/2009 school year? _____

(Attach college transcript or if you just graduated, attach high school transcript.) Note: If your transcript shows grades withheld or classes dropped, explain and supply the name, address and phone number of contact to confirm same:

Number of students in graduating class: _____ Class Rank: _____

SAT Scores: Math _____ Verbal _____ Written _____ Total and/or ACT Score _____

Highest school your father completed: _____

Highest school your mother completed: _____

State your prior criminal history, including juvenile, arrests, probation, disposition and/or convictions (excluding minor traffic related incidents such as speeding.)

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What extracurricular activities are you interested in pursuing while at school? _____

Hours per week you anticipate these activities may require? _____ Explain: _____

Long term benefits you expect to receive from participation in these activities: _____

Work History

If additional space is necessary, use the back of the previous page.

Dates of Employment

Employer's Name/Address

Position Held

Answer the following questions using only the space provided:

Describe either (1) the most significant challenge you have overcome; or (2) your most significant accomplishment and its value to your life:

Describe circumstances that affect your family's ability to provide for your college education:

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The following budget calculator is a tool to help you determine a realistic college budget based on your tuition costs and available resources. Please complete as many of the fields below as possible to ensure an accurate estimate of the total funds you will need. Amounts shown should reflect YOUR costs. You will have to estimate many of the expenses. We ask that you make reasonable estimates. Where we request additional information, use the space provided below the amount field. Should you need more room, refer us to the back of this page and provide the information there.

Tuition, Room & Board and Fees & Expenses and Food should be supplied on a per semester basis.

PER SEMESTER EXPENSES:

Tuition. (State the number of hours you would like to take.)

\$ _____

Room & Board. (State where you will live (dorm or apartment). If you share expenses, show the # of people who live there as well as the total rent. Include an estimate of utility expenses if applicable. Break down charges (rent, electricity, cable, etc.) and total....then, divide by the # of people who share these expenses. Then, show in the space **your** portion only.

\$ _____

Fees & Expenses. (State for example, the fees and expenses to be paid at registration...such as parking fees, building use fees, etc.)

\$ _____

Books and Supplies.

\$ _____

Food. (State how you calculated food costs. For example, meal ticket for 7 meals per week shown above under Room & Board. Other food expenses per week are estimated to be \$ _____ X 17 weeks in the semester equals \$ _____.)

\$ _____

TOTAL EXPENSES PER SEMESTER:

\$ _____

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The following expenses should be supplied on a per month basis:

PER MONTH EXPENSES:

Organization Dues or Team Expenses. (State organization/team/activity, amount of dues or initiation fees and/or costs associated with membership).

\$ _____

Entertainment. (Movies, eating out, videos, CD's, etc.)

\$ _____

Phone and/or Cable Access.

\$ _____

Clothing.

\$ _____

Auto Expenses. (State the year, make, model and odometer reading of vehicle. Itemize cost for insurance, car payment, repairs)

\$ _____

Prescriptions/Medical Needs. (Amount not covered by insurance)

\$ _____

Gasoline.

\$ _____

Child Care.

\$ _____

Miscellaneous. (Please list other expenses you anticipate).

\$ _____

TOTAL ANTICIPATED MONTHLY EXPENSES:

\$ _____

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List any need you have which has not otherwise been addressed. For example, if you need a computer or computer component, supplies, a musical instrument or sports equipment which is not otherwise available, list those needs here.

One Time Expenses:

Equipment. (Be specific and list only those items which are not provided by the university).

\$ _____

Computer. (Hardware and software, printer supplies) (State specifically why you will need this equipment/supplies).

\$ _____

TOTAL ONE-TIME EXPENSES:

\$ _____

State all sources of income. Please be completely candid with us about your available resources.

Amounts shown should reflect estimated income for a full school year.

Source of Funds:

Grants/Scholarships. (State where each one is from and how much/what it will pay).

\$ _____

The following questions apply only for the semester that you are applying for this scholarship.

Have you made scholarship applications? Yes No How many? _____

Have you applied for Federal Grants? Yes No

Have you applied for Student Loans? Yes No

Your Anticipated Earnings. (Show calculation re: # hours you contemplate being able to work during a school week multiplied by your hourly rate).

\$ _____

Expected Contribution from Parents. (Include any expenses they pay on your behalf i.e. car payment, insurance, phone, etc.)

\$ _____

TOTAL INCOME FROM ALL SOURCES:

\$ _____

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Total estimated PER SEMESTER expenses from page 5. \$ _____

Total estimated PER MONTH expenses from page 6.... X 4
For Fall or Spring Semester \$ _____

Total ONE-TIME expenses from page 7. \$ _____

TOTAL ESTIMATED EXPENSES. \$ _____

Total INCOME from all sources divided by 12. Then multiply X 4
if applying for Fall or Spring Semester. \$ _____

Difference in EXPENSES and INCOME. \$ _____

Have you applied for Student Loans? ____ Yes ____ No
Total Student loan money available to you. \$ _____

Scholarship Application Affidavit

I swear and affirm that the information provided in this Application is true and correct to the best of my knowledge. I acknowledge and agree that the Teresa Maness Educational Foundation Scholarship Committee reserves the right to verify all information supplied herein, including but not limited to my income and financial information, as a condition of any scholarship award.

Signature of Applicant

Date

Received by _____ on the _____ day of _____ 2008.
(Recipient's Signature)