

## ENNIS RETIRED SCHOOL PERSONNEL ASSOCIATION SCHOLARSHIP FOR ENNIS HIGH SCHOOL

Eligibility: Students majoring in education with a goal of teaching in a public school system.

Application deadline: APRIL 1, 2022

Mail or deliver all required documents to: ERSPA Scholarship Committee, Attn: BettyAnn Blazek, 1907 Yorkstown Drive, Ennis, TX 75119

## **Application Requirements:**

- 1. Completed application
- 2. Type written answers to the questions from the application.
- 3. Three Letters of Recommendation: (teacher, counselor, advisor, clergy, etc.)
- 4. Attendance Report (May be obtained from high school counselor's office.)
- 5. Completed Activity Form

Questions to be answered in typewritten form. These are not essay questions, but they must be answered in well thought out complete sentences.

- 1. What 3 teachers positively affected your life? How? What did they teach? What grade/subject?
- 2. When did you decide teaching was the profession for you? Why?
- 3. What grade level and/or subject would you like to teach? Why?
- 4. Why teach instead of another occupation?

## **Personal Information:** Name of Applicant: \_\_\_\_\_\_Sex:\_\_\_\_\_ Home Address: City: Zip Code: Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ Email Address: Family: Parent/Guardian Name: Phone Number: \_\_\_\_ Email Address: Occupation/Employer:\_\_\_\_\_ Parent/Guardian Name: Phone Number: Email Address: Occupation/Employer:\_\_\_\_\_ Financial Information: Approximate yearly family income: \$ Number of children living in household: Number in college: \_\_\_\_\_ Scholastic Information: I have successfully passed the state required tests for graduation.

Yes No

What is your Grade Point Average?
SAT Scores: V M Date Taken (Month/Year):
ACT Scores: Reading Sci. Reas Math
Date Taken (Month/Year):
Have you participated in AVID?NoYes
Number of years:
How many <b>Dual Credit</b> hours?How many <b>AP</b> hours?
To which Colleges/Universities have you been accepted (in order of preference)?
1.
2
3
Parent/Legal Guardian Signature:
Print Name:
Date:
Applicant's Signature:
Print Name:
Date:

Should you be a recipient of this scholarship, you will receive a Voucher to present to the college/university when you enroll. The actual check will be sent directly to the college/university once they notify the ERSPA treasurer of your enrollment.

Your Name:		
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## **Activity Form**

Please FILL OUT CAREFULLY. Include club membership, office held, extracurricular activities and honors outside of school. Attach an additional sheet if necessary. (School Year, Club, Athletics, Band, Other, Officer/Honor)

Extra Curricular Activities	School Year	Offices/Positions Held, Awards, Special Achievements Earned	Contact Person for Verification
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Community/Church Volunteer Activities: UIL service hours, Scouts, civic group, VBS, Music, public library, Relay for Life, missions, community theater, etc.

Activity	Year	Contact Person for Verification

Work Experience Examples: Babysitting, Lawn Mowing, School work Program, Summer Jobs

Work Experience Employer	Dates	Hours per Week	Supervisor
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