



**Aubrey Education Foundation (AEF)  
AEF Scholarship Program**

Date Received \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Application No. \_\_\_\_\_  
2 Letters of Reference \_\_\_\_\_

**Student Scholarship Application - 2009**

Numerous scholarships will be awarded to Aubrey Independent School District graduating seniors who wish to pursue additional educational opportunities. These scholarships are described on the "Eligibility Form". Please attach the Eligibility Form to the front of this application. Submit one original (stapled in one corner) and one unbound copy (paper clipped only, please). All applications must be complete and received in the High School Counselor's office by the specified deadline.

- Please:
- \* Print or type answers to Parts I & II.
  - \* Print a copy and ask your counselor to complete Part III. **The counselor will attach this form to the application packet.**
  - \* Print or type responses to Parts IV & V on your own paper.
  - \* Complete Publicity Permission form.
  - \* Attach two letters of reference. One reference from a school staff member and one from a member of the community, such as a church, employer, or volunteer organization, etc. The references may be in a sealed envelope and included with the application.
  - \* Place your completed Eligibility Form on the front of the application.

Each portion of the application has been given a value. This indicates how the committee will consider applications. *All review procedures will be anonymous and confidential.*

**Part I - Student's Identifying Information**

Name \_\_\_\_\_ Gender \_\_\_\_ Email \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (Zip)

Birthdate \_\_\_\_\_ AISD Student ID# \_\_\_\_\_ Graduation Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

**Part II - Student Agreement**

I understand the eligibility requirements for the AEF scholarships for which I have applied, and I qualify for all scholarships marked on my application. I accept the rules and regulations of this application and understand that the decisions of the AEF Board of Directors are final. I recognize that this application and any attached materials will become the property of the AEF. **I understand that should my situation change (including choice of college or university), making me ineligible for a scholarship I have been awarded, I must contact AEF and relinquish my scholarship if requested to do so.** I also understand that all awards will be paid directly to the designated training institution and that upon completion of the training supported by this award, I will be responsible for providing the AEF Scholarships and Programs Committee with a written summary of my experience.

I certify that I personally prepared this application for submission and that to the best of my knowledge all information is correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This page of your application will remain on file in the AEF office, and the subcommittee will review all applications anonymously.

**This form should be submitted to your high school counselor no later than Thursday, April 30, 2009. Failure to do so will result in ineligibility for consideration for scholarship funding. Your counselor will deliver the form directly to the AEF office no later than Friday, May 1, 2009.**

**Part III. - Scholarship/Achievement Verification**

*(To be completed by School Counselor)*

**Applicant's Student ID #:** \_\_\_\_\_

**Number of Years in Aubrey Independent School District:** \_\_\_\_\_

**Applicant's current**

- **Grade point** \_\_\_\_\_
- **Rank in Class** \_\_\_\_/\_\_\_\_
- **SAT Scores V** \_\_\_\_ **M**\_\_\_\_
- **ACT Score** \_\_\_\_\_

**Diploma Type (Recommended, etc.)** \_\_\_\_\_

**Counselor Recommendation: (Please avoid using the student's name. For example, begin with "This student...")**

*Signature of Counselor* \_\_\_\_\_ *Date* \_\_\_\_\_

*Please print name* \_\_\_\_\_

**Part IV. Student Qualifications**

*Please respond to Parts IV and V on your own paper (maximum 2 single-spaced typed pages). Please retype each question before typing your answer to assist the review committee.*

1. Describe your personal strengths. (15 points)
2. What are your educational and career goals? (15 points)
3. Describe the school courses and academic achievements that have prepared you for your career goals. (20 points)
4. List all school and community activities/organizations in which you have participated. Describe the contributions you have made to these organizations, as well as offices held and honors received. (20 points)
5. List your work experience, most recent first, with dates of employment, employer's name, hours per week worked, and job function. (15 points)

**Part V. Student Request**

1. Describe the specific educational experience for which you are requesting support. Please specify possible school/s and course of instruction. (5 points)
2. Explain your situation and need for scholarship assistance (financial, personal, etc.). *Detail your budget (e.g. costs of tuition, room & board, books, etc.).* (5 points)

*- Limit answers to Part IV and V to two (2) single-spaced typed pages.*

*- Attach page 1 of the application.*

*- Be sure to attach two AEF reference forms to your completed application.(5 points)*

**--Please deliver your original completed application to:**

*Aubrey High School Counselor  
Aubrey, Texas*

**ALL APPLICATIONS MUST BE RECEIVED IN THE AHS COUNSELOR'S OFFICE NO LATER THAN  
3:00 p.m. on Thursday, April 30, 2009**

**Aubrey Education Foundation  
REFERENCE FORM: SENIOR SCHOLARSHIP**

**Please do not reference student's name except at top where indicated.**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Position: \_\_\_\_\_

**INSTRUCTIONS:** Please rank the candidate with **1 as the lowest rating, 5 as the highest.** Please feel free to make additional comments on **one (1)** additional page, **front side only.** **This will greatly assist the committee in the selection process!**

**PERSONAL**

I feel I know the candidate well enough to compare him/her with his/her peers 1 2 3 4 5

The candidate is committed to personal enrichment through learning. 1 2 3 4 5

Please Provide Explanation/Comments:

**EDUCATIONAL/CAREER**

The candidate chooses appropriate challenges. 1 2 3 4 5

The candidate makes maximum use of resources and effort to meet challenges. 1 2 3 4 5

The candidate has the study and organizational skills required to succeed in a college/university environment. 1 2 3 4 5

Please Provide Examples/Comments:

**LEADERSHIP**

The candidate takes on responsibility and inspires others to work in positive directions. 1 2 3 4 5

The candidate is realistic about making and carrying through on long-term commitments. 1 2 3 4 5

The candidate has a positive and mature attitude. 1 2 3 4 5

The candidate is cooperative and provides a good role model. 1 2 3 4 5

Please Provide Examples/Comments:

**Respondent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you! Please return the reference form and attachment to the applicant in a sealed envelope.

**SUBMISSION DEADLINE: 3:00 p.m., Thursday, April 30, 2009**

**Aubrey Education Foundation  
REFERENCE FORM: SENIOR SCHOLARSHIP**

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# Publicity Permission

If I am chosen as a recipient of an Aubrey Education Foundation student scholarship

I give my permission for:

\_\_\_\_\_my name and / or photograph to be used

\_\_\_\_\_my name only to be used

\_\_\_\_\_my photograph only to be used

in any publicity regarding the Foundation's scholarship program, including, but not limited to the following:

- Websites, including Aubrey ISD and Aubrey Education Foundation websites;
- Newspaper releases, including articles and/or ads;
- Broadcast publicity, including television and radio spots;
- Video productions, including slide shows or videotaped representations from awards ceremonies and other events;
- Other publicity materials, including materials utilized by the Aubrey Education Foundation for fundraising and other purposes.

\_\_\_\_\_ I do not give my permission for my name and/or photograph to be utilized.

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Student Signature

Age

Date

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Parent Signature (if student is younger than 18)