

HARLINGEN HIGH SCHOOL Band Booster SENIOR SCHOLARSHIP GUIDELINES

Harlingen High School Band Boosters will provide funding each academic year for scholarships in the amount of \$500 each to a minimum of three, no more than five, graduating high school seniors.

PURPOSE OF SCHOLARSHIP

The purpose is to support students who are focused on achieving career goals through higher education. In evaluating each application, the scholarship committee will also consider service and participation in school activities, community involvement, and scholastic merit.

ELIGIBILITY REQUIREMENTS

Applicants must meet the following eligibility requirements:

- Applicant must be a graduating senior from Harlingen High School.
- Applicant must be a current member of Harlingen High School Big Red Cardinal Band in good standing and have been a member for at least two years while applicant was in high school.
- Applicant must plan to be enrolled full-time in an accredited college, university, or technical institute.
- Completed application and required paperwork must be **turned in to Mrs. Moore in the Harlingen High School Scholarship office by the end of the day on March 25th** to be eligible for consideration.

GUIDELINES FOR PRESENTATION

In order to qualify, the application **must** be accompanied by the following:

- A one-page resume listing school activities, community involvement, special recognitions and awards you received in high school. In addition, list any work experience you have had during your high school years.
- An essay (see attached)
- A letter of recommendation from a teacher, coach, counselor, or principal from your current high school.

Applications due March 25th to:

**HHS Band Booster Scholarship
Committee
C/O Scholarship Counselor
Harlingen High School
1401. E. Marshall**

SELECTION AND NOTIFICATION

The Harlingen High School Band Booster Scholarship Committee will make select recipients, who will then be notified by April 15th. Once the Scholarship Committee receives a copy of registration in classes at an educational institution, scholarships will be awarded to individuals through direct payment to the student.

***In fairness to those applicants who follow instructions, only those applications that are completed in every detail and are turned in on or before March 25 will be considered by the Scholarship Committee.**

***All entries submitted become the property of the HHS Band Boosters and will not be returned.**



HARLINGEN HIGH SCHOOL BAND BOOSTER SENIOR SCHOLARSHIP APPLICATION



Please **type** or print neatly in **black ink**. Attach additional pages as needed.

NAME: _____

LAST

FIRST

MI

ID#/SS#

ADDRESS: (include zip code) _____

PHONE: _____

MALE: _____ FEMALE: _____ BIRTHDATE: _____ US CITIZEN: YES _____ NO _____

ELEMENTARY SCHOOL ATTENDED _____ MIDDLE SCHOOL ATTENDED _____

POST HIGH SCHOOL PLANS: (College names, Military Branch, or work)

a. _____ b. _____ c. _____

CAREER INTERESTS:

a. _____ b. _____ c. _____

SCHOOL ORGANIZATIONS/EXTRA-CURRICULAR ACTIVITIES: (Athletics, Band, Choir, NHS, Key Club, Student Council, etc. include office held and grade level)

| <u>Organizations</u> | <u>Gr.Level</u> | <u>Organizations</u> | <u>Gr.Level</u> |
|----------------------|-----------------|----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

VOLUNTEER/COMMUNITY SERVICES:

| <u>Organizations</u> | <u>Gr.Level</u> | <u>Organizations</u> | <u>Gr.Level</u> |
|----------------------|-----------------|----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WORK EXPERIENCE: (List type of job, place of employment and dates)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

YOUR COUNSELOR NEEDS TO FILL OUT INFORMATION BELOW:

Rank in class _____ Number in class _____ G.P.A. _____ As of (date) _____

Counselor signature _____ Date _____

