

Application

Fort Davis Higher Education Foundation Scholarship

Name _____

Address _____

Phone Number _____

Have you read the requirements for this scholarship? Yes _____ No _____
If no, please attain a copy of the requirements before completing this form.

List years of attendance at Fort Davis High School _____

Are there special circumstances the committee should be made aware of? Yes _____ No _____

If yes, what are they? _____

Will you graduate under the Recommended or Distinguished Graduation Plan?
Yes _____ No _____

If no, please explain: _____

Name and address of Financial Aid Office for the institution of higher learning you will be attending in the fall preceding your high school graduation: Please attach the following to this application:

- 1 Official copy of your 7th semester high school transcript
- 2 Copy of the FAFSA Student Aid Report (SAR)
- 3 Copy of acceptance letter from the institution of higher learning you will attend.

Return this form along with required documents to the Superintendent's Office no later than May 15, each year.

The scholarship amount will be \$2,000. Applicants must be enrolled as a full time student (*minimum of 12 hours or equivalent*). Approved applicants will have \$1,000 deposited with the post secondary school's Accounting Office for the Fall Semester.

of post secondary education immediately following graduation from Fort Davis High School.

Scholarship recipients must submit a copy of their fall semester grades and GPA to the Fort Davis Superintendent's Office by FDISD first day of

Recipients of this scholarship must earn a minimum of a 2.5 GPA in order to receive the remaining \$1,000 for the second semester. This scholarship is to be used and applied for during the applicant's first year

second semester. second

semester. The remaining \$1,000 will be deposited to the post secondary school's Accounting Office upon proof of GPA.