

ADS HOUSTON SCHOLARSHIP PROGRAM APPLICATION (Form A1)

Date:			
First Name:			
Date Of Birth:			
	Month	Day	Year

M.I.	
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Last Name:	
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Residence Address			
Number, Street, and Apartment Number:			
City:		State:	
		Zip:	

Your Address during School (if different than above):			
Number, Street, and Apartment Number:			
City:		State:	
		Zip:	

Home Telephone:	()	
Cell Phone:	()	
Email Address:		
Are you currently a ADS Houston Chapter Member? (Yes/No):		

Indicate With an X Category of Scholarship You Are Applying For:	Graduating High School Senior	Part Time	Full Time
	University Undergraduate Student (returning)		
	University Graduate Student		

Academic institution the scholarship will be applied towards:			
School Name:			
Number, Street:			
City:		State:	
		Zip:	

Degree Pursued:		Expected Graduation Date	
Concentration/Major:		Month	Year
Minor (if applicable):			
	Number of credits earned towards degree:		
	Number of credits required for degree :		

List all academic institutions attended. Include high school from which you graduated, and all higher education institutions attended. Include summer, study-abroad, exchange programs if applicable.

	University or High School (in order of last attended)	Dates Attended	Cumulative GPA as of End of Fall 2023 Semester	GPA of Fall 2023 Semester	GPA Scale	Submit the Following Document for Each
1						Official High School transcripts or university transcripts as applicable.
2						
3						
4						
5						
6						

Letters of Recommendation		
Name of Person Recommending	Describe relationship to you (e.g. teacher, mentor, coach).	Letter Attached? (must be yes)
1		
2		
3		

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List public service and community activities (e.g. homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). List in descending order of significance.

	Name of Organization Served	Location		Year of Service	Total Hours Volunteered	Documentation attached?	Submit the Following Document for Each
		City	State				
1							A letter from the sponsor of each activity that describes the purpose and nature of the community activity, your role, and the number of hours/dates you volunteered.
2							
3							
4							

List awards, scholarships, publications or special recognitions you have received. List in descending order of significance.

	Name of Organization or institution that recognized you?	Award name or recognition received	Amount Awarded (if applicable)	Documentation attached?	Submit the Following Document for Each
1					Official document that describes the activity, the award, and the criteria for receiving the award or recognition.
2					

List any extracurricular activities you participate in (e.g. sports teams, band, student organizations). List in descending order of significance. Please attach documentation.

	Activity or organization	Your role or title (e.g. member, president, position played).	Dates of participation	Documentation attached?	Submit the Following Document for Each
1					Letter from activity sponsor such as school, teacher, coach, trainer, etc. to confirm the nature of your extracurricular activity.
2					

Please list your current or most recent part-time and full-time jobs.

	Name of company or organization you worked for:	Date Started	Date Ended	Highest Title Held (e.g. cashier, associate)	Hours Worked a week	Part-time or Full-time	Submit the Following Document for Each
1							Letter from employer that states position, number of hours worked per week, and length of employment.
2							
3							

Use this space to add any items that you would like to be considered in determining why you should be the recipient of this merit award. Feel free to discuss any accomplishments received, leadership skills displayed, your long term goals, or circumstances that make you stand out among your peers. (1000 word limit. Use size 11, Ariel, font)

I have read and understand the conditions of the ADS HOUSTON CHAPTER SCHOLARSHIP PROGRAM. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the ADS HOUSTON CHAPTER SCHOLARSHIP PROGRAM. I understand that this application will be available only to members of the Selection Committee who need to see it in the course of their evaluation. I waive the right to access letters of recommendation written on my behalf. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Applicant Signature _____

Date _____

E-Mail Application and Supporting Documents to:	Your e-mailed application and supporting documents must be sent no later than June 30, 2023. Any applications received after this date will not be accepted.
ADS Houston Scholarship Program adshouston1@gmail.com	