

The Aransas County Education Foundation  
RUST SCHOLARSHIP FUND  
Endowed by: Margaret Sue Rust Foundation  
Application Information

ELIGIBILITY REQUIREMENTS:

1. Must be an entering freshman in a four year college or university in the fall following high school graduation.
2. All college majors are eligible for consideration; however, priority will normally be given to those intending to pursue a course of study leading to a career in science or technology.

REQUIREMENTS FOR RENEWAL:

1. A scholarship of \$10,000 per year, renewable for up to four years, will be awarded a graduating senior planning to attend an accredited college or university.
2. For the scholarship to renew, the student must remain in good standing [i.e. not be on probation for academic or other reasons], maintain a 2.5 average (on a 4 point scale), and be enrolled for a minimum of twelve hours each semester.
3. A copy of a transcript of college courses completed must be submitted to The Education Foundation each semester.

APPLICATION CRITERIA :

1. Scholarship Application.
2. Resume of personal information and an outline of extracurricular activities, work and/or community service, and accomplishments
3. High school transcript.
4. Short essay (not more than 2 pages) written by the applicant. The essay should describe reasons for pursuing a scholarship and goals.
5. Three letters of recommendation from individuals who can address the applicant's potential for success in undergraduate work at a college or university.
6. If the applicant would like to include a request indicating "financial need", this is welcomed. Supporting documentation may be submitted or required. While "need" will be considered, it is not, of itself, qualifying criteria.

Application for this scholarship is to be made in the senior year in accord with The Aransas County I.S.D. Education Foundation requirements. The signatures below indicate that the applicant is eligible to be considered for the above scholarship.

\_\_\_\_\_ ( Applicant Signature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Counselor Signature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ Scholarship Number (To be filled in by Counselor)