Shining Stars Scholarship Application The Aransas County ISD Education Foundation

Name				
Application 1	Date			
College or te	echnical school	ol you hope to at	tend	
Field of stud	y/major			
High school	performance:	Cumulative gra	ade point average	/4.0 scale
Test Scores:	Verbal	Math	Composite	ACT Composite
School couns	selor verificat	tion:(Signature	·)	
been a member participated.	oer. Include a You may als	any awards, spec so include other	ial recognition or offi	ganizations in which you have ces held and the number of years u have been involved during high sheet if necessary.

Work/Community Activities: Describe any work or community activities in which you have been involved. List jobs, including the number of hours worked per week. List community activities, including years and offices held. Use an additional sheet if necessary.
Financial Need:
Please indicate your family's adjusted gross income from last year's tax return:
Under \$20,000 \$20, 000 to \$29,999 \$30,000 to \$39,999
\$40, 000 to \$49,999 \$50,000 or more
Total number of family members living at home
Parents/Other adults Children Number currently attending college
List any other financial considerations that may impact your financial need for assistance:

Essay: Write a brief essay (200-300 words) describing why you want to continue your education beyond high school. Attach it as an additional sheet to this application.