

A. Anagnostis Merit Scholarship Application

Deadline for completing application: March 1, 2024

EMS ISD 8th grade student Scholarship Application Instructions:

This scholarship application is for EMS ISD eight grade students that qualify for the criteria established within the scholarship. One scholarship will be awarded per school year. Upon graduation from EMS ISD, the scholarship will be paid directly to the college/university upon enrollment. The scholarship is \$1,000.

All questions on the application must be answered. Two letters of recommendation completed by current teachers must accompany the application.

Includes an essay that describes why you are applying for the scholarship and why it is important to you to be selected.

Criteria:

- Must be an EMS ISD 8th grader
- Must be in the top 10% of class
- Involved in school activities
- Show a high work ethic
- Show evidence of desire for future education through class selection and desire to learn
- Include two letters of recommendations for current teachers

Guidelines and useful suggestions:

- 1. The student application is due in the guidance counselor's office no later than March 1, 2024 by 3:00p.m.
- 2. The application must be typed. Hand-written applications will not be accepted. The scholarship application is available to download at: https://www.emsef.org/for-students/
- 3. All questions must be answered. Only these forms can be used to record information for this scholarship. Please use only the space provided on the application to respond to each question. Do not attach resumes or extra sheets with additional information.
- 4. Do not include your name or the name of any family member in any of the answers. The only place your name should be is on the cover page and the last sheet of this application where parent signature is required.
- 5. Incomplete applications will not be considered.

Student ID #:	
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2024 EMS ISD ANAGNOSTIS SCHOLARSHIP APPLICATION COVER PAGE

STUDENT NAME:	
ADDRESS:	
EMAIL:	_
PHONE:	
ANTICIPATED GRADUATION DATE:	
STUDENT ID NUMBER:	
Return this form to the Counseling Department by 3:00	D p.m. on March 1, 2024.
Cut Here	
to front of one teacher recommendation	
Teacher Recommendation Form for:	
	Student Name
-	Student ID Number
nt must complete this slip before stapling it to recomm	
Due to the Counseling Department b	oy March 1, 2024.
Cut Here	
e to front of one teacher recommendation	
Teacher Recommendation Form for:	
	Student Name
_	Charle of ID Name have
	Student ID Number

Student must complete this slip before stapling it to recommendation form and giving to the teacher of choice.

Due to the Counseling Department by March 1, 2024

2024 EMS ISD ANAGNOSTIS SCHOLARSHIP APPLICATION

Applicants are urged to complete this form as accurately and concisely as possible and to be prepared to supply additional information upon request. Grammatical usage and neatness are important. Application must be typed. This student application, and the cover sheet must be returned to the Counseling Department by March 1, 2024 to be considered.

Stu	ident ID:		☐ Female	☐ Do Not wish to answe
Bir	th Date:			
Wh Wh	ich college/junior college do at is your intended major?	you plan (or wish) to a	ttend at this time	∍?
Ple	ase list all Elementary Schoo	ls you have attended		CT:
		FAMILY INFORM		
PR	IMARY RESIDENCE / LIVIN	G WITH (check one a	and list occupa	tions):
	Father and Mother	Occupation(s):		
	Father and Stepmother	Occupation(s):		
	Mother and Stepfather	Occupation(s):		
	Father or Mother Only	Occupation:		
	Guardian(s)	Occupation(s):		
Do	either of your parents/guardia	ans work for the EMS	ISD? □ Ye	es 🗆 No If yes, please
list	their occupation and location	:		
Ho	w many brothers and/or siste	rs do you have?	Their age	S:

Student	ID #:
	GROSS YEARLY FAMILY INCOME – (estimated) Please check one:
	□ \$0 - \$25,000
	□ \$26,000 - \$40,000
	□ \$41,000 - \$55,000
	□ \$56,000 - \$75,000
	□ \$75,000 - \$100,000
	□ \$100,000 - \$150,000

☐ Over \$150,000

Describe your family's financial condition as it pertains to your anticipated college expenses, this may include the number of family members your parents support.

RESPONSE:

Volunteer/Community service activities

List all extra-curricular activities in which you have been involved

Activity	Where	Dates	Hour

Leadership – list leadership activities (school, church, PTO, community)

Activity/Title	Where	Hours Per Week	Dates from:	Dates to:

1.	List awards, honors,	or special	recognitions	you have	received	from the	school	and/or
	community.							

RESPONSE:

2. Many "life lessons" are being taught in middle school. Please choose one lesson you have learned from and explain how this may influence you in your future. (300 word limit)

RESPONSE:

3. Give specific reasons why you are applying for this scholarship? (300 word limit)

RESPONSE:

Eagle Mountain - Saginaw ISD 2024 Student Scholarship Application

Name of Applicant Parent/Guardian Signature Date	I also understand that submission of t Saginaw Independent School Distric applicant's school records.			
Parent/Guardian Signature Date	Name of Applicant			
	Parent/Guardian Signature	Date		

FOR OFFICE USE ONLY

GPA	CLASS RANK

2024 EMS ISD Student Scholarship TEACHER RECOMMENDATION FORM

Stuc	lent ID Number: _							
It is my pleasure to recommend this student for scholarship consideration. My impression of this individual is indicated below.								
Outs	standing = 3	Average = 2	Below Average = 1	Unable to rate = 0				
1.	Demonstrates high standards of honesty and reliability.							
2.	Promptly meets responsibilities.							
3.	Demonstrates desirable qualities such as neatness, poise, and stability.							
4.	Upholds principles of morality and ethics.							
5.	Cooperates fully with all school rules.							
6.	. Demonstrates refinement and good taste							
7.	Demonstrates or	riginality.						
8.	Takes constructi	ve lead in classroo	om activities.					
Additional comments (or attach a separate page if you wish): Do <u>not</u> use the student's name in your comments.								
Teac	cher Printed Name	£	JNSELING DEPARTMENT	[⊺] BY March 1, 2024				
Teacher Signature: Date:								
Subject Taught								

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5.	Cooperates fully with all school rules.								
6.	Demonstrates refinement and good taste.								
7.	Demonstrates originality.								
8.	. Takes constructive lead in classroom activities.								
Additional comments (or attach a separate page if you wish): Do <u>not</u> use the student's name in your comments.									
TEACHER: RETURN TO THE COUNSELING DEPARTMENT BY March 1, 2024									
Teacher Printed Name:									
Teacher Signature: Date:									
Subject Taught:									