Tucker Education Foundation

SCHOLARSHIP APPLICATION

Type or print all information except signature		es. Due Date: March 30, 2024			
APPLICANT	Last Name	First	Middle Initial	Middle Initial	
DATA	Permanent Home Address				
	City	_ZIP			
	Telephone ()	Email			
	Social Security Number	Date of Birth (MM/D	DD/YYYY)		
	I am a citizen of the United States?	YES □ NO□			
	If NO, you are required to be a per	rmanent resident of the United States.			
	Permanent Resident ID#				
	I am a resident of Fort Bend County?	YES □ NO□			
]	I attend MALE FEMALE	High School in	school district.		
RACIAL	AMERICAN INDIAN	BLACK AMERICAN	MULTI-		
	ASIAN	HISPANIC/LATINO	WHITE		
PARENT GUARDIAN DATA		Name		O.	
	Address				
	CityZIP				
	Telephone ()Email				
	Address of parent if different than above:				
	City	ZIP			
List in	nmediate family members who are or h	ave attended an accredited college or t	university:		

HIGH SCHOOL	Graduation Date: M	onth	Year	
Activities:	List all school activi	ties you have participa	ated in during the past four year	s (i.e. athletics, drama, etc)
	ACTIVITY		OFFICE HELD	YEAR(S)
_				
	nd Awards: List all h		ou have received while in high	school (i.e. Perfect Attendance,
_				
_				
WORK EXPERIEN		vork experience during	g the past four years (i.e. cashier	; babysitter, sales clerk, dishwasher, yards
	EMPLOYER	POSITION	HRS PER WK	LENGTH OF SERVICE
	List Community Serv Blood Drive participa		participated in during the past	four years (i.e. Boy Scouts, hospital

SECONDARY GOALS AND ASPIRATIONS	attendance:				
	List any colleges and/or universities from whom you have received acceptance letters:				
List the name year:	and annual amount of any grants and/or scholarships you know have been awarded to you for the coming school				
Make a brief	statement or summary of your plans as they relate to your educational and career objectives and long-term goals.				
school, work e	be below any unusual family or personal circumstances that have affected your achievement in xperience, or your participation in school and community activities. Please provide specific out how and when this occurred.				
	FINANCIAL DATA				
applicant. The	must be submitted for all parents and/or guardians providing income toward the support of the parent and/or guardian claiming the child as an independent for tax purposes must furnish total s reported on Form 1040. In the case of an independent minor, the gross income of the minor must				
1. Adjusted G	ross Income (Form 1040)				
2. Total Feder	al Tax Paid (Form 1040)				

3. Total Income of Father	Total
Income of Mother	
Total Income of Guardian	_
Total Income of Independent Teen	
(Furnish all pertinent data above. Not all may apply.)	
4. Yearly untaxed income and benefits Do not report contributions to retirement	
(Social Security, AFDC, Child Support, Other Do not report contributions to retirement	plans.)
Medical and Dental Expenses not paid by insurance (Do not include premiums.)	
6. Total Cash, Checking, Savings, and Cash Value of Stocks all liquid assets that can be used for educational purposes. Do not include IRA,401K, or other retirement	(This includes t plan funds.)
7. Total number of family members living in the household and primarily supported by the reported income.	
8. Marital status of parent or guardian:	
9. Of the total number of family members on line 7, number of students attending college at least half-time of school year (This would include the applicant.)	luring the next
10.Place a check in the box if your non-custodial parent is no longer legally responsible, or has failed, to help your financial needs. If you check the box, you are not required to supply a copy of the non-custodian's varieties income tax return.	
Please describe below any unusual family or personal circumstances that create financial hardship and will a pay for college and could interfere with your actual attendance.	ffect your ability to

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APPLICANT REFERENCE

You have been asked to provide information in support of this applicant in their quest to receive an educational scholarship to provide financial assistance so he/she may attend the Texas college or university of their choice. Please rate the student in the following areas and write a letter of recommendation. Upon completion return the form and letter to the applicant.

EXCELLENT GOOD FAIR □
EXCELLENT GOOD FAIR
EXCELLENT GOOD FAIR □
EXCELLENT GOOD FAIR
EXCELLENT GOOD FAIR POOR
EXCELLENT GOOD FAIR POOR
EXCELLENT GOOD FAIR POOR

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TRANSCRIPT INFORMATION COUNSELOR

APPLICANT NAME:		
COUNSELOR SIGNATURE: _		

COUNSELOR PHONE NUMBER AND/OR EMAIL:						
Applic	ants ranks		in a class of			
Cumul	Cumulative Grade Point Average					
SAT:	Critical Reading		Math	Writing		
ACT:	English	Math	Reading	Science	Composite	

Please turn all application via email: tuckeredufoundation@gmail.com

^{*}Attach a clear explanation of the school's grade scale.