

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
2021-2022

APPLICATION PACKET



BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE

An Activity of

MINNIE STEVENS PIPER FOUNDATION

1250 NE Loop 410, Suite 810

San Antonio, Texas 78209-1539

Phone: (210) 525-8494 | Fax: (210) 341-6627 | Email: tbinkley@mospf.org

TO THE STUDENT

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. This saves time for students, plus aids the sponsoring organization in their selection process. **The deadline is Monday, November 1, 2021, by 4:00 p.m.** Submitting a scholarship application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, including the financial aid office at the college or university of your choice. Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

- Remember deadlines: You will be given a specific school deadline to submit your application and all associated documents to your counselor, who is responsible for meeting the Clearing House deadline above.
- Carefully read the scholarship eligibility requirements in the booklet entitled, *San Antonio/Bexar County Scholarship Opportunities for High School Seniors 2021-2022*. This booklet can be obtained from your high school counselor's office. Please note that some programs require other supporting documents in addition to the general application requirements, such as a specific essay or recommendation letter.
- A Nomination Sheet must be filled out by your counselor for the scholarships you are applying to. You will need to communicate to your counselor about all scholarships for which you might be eligible.
- A Verification Form must be completed if applying for a scholarship requiring your specific affiliation.
- Do not skip over any sections. For example, do not skip the financial information section, as many organizations look for this information when making their selections. Also, skipping over the school and community activity section will not open any doors. In fact, it is a good idea to include a personal resumé if you have one.
- The Letter of Recommendation needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- A Personal Narrative or Autobiography is required; limited to 200-400 words, typed. Remember to edit and use spell check. A well-written submission is often the deciding factor among highly ranked candidates. Within your narrative, explain your educational and career goals, choice of college and major; and if or how a specific person, event or situation may have impacted those decisions. Print and sign your name to your paper.
- Notification of Awards: You must include a valid phone number or email, so the awarding organization is able to contact you if chosen for an award. BCSCH is not responsible for notifying students of awarded scholarships.

TO THE COUNSELOR

Please submit ALL documents for each student as an individual packet secured with a paperclip (no staples, please). DO NOT send any 2-sided documents or place into folders. Students should include a concise personal resumé highlighting high school only activities and volunteer service. A complete packet for each individual student will consist of the following, in this order:

CHECKLIST:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Nomination Sheet (found in Scholarship Booklet, page 23) |
| <input type="checkbox"/> | Application (pages 1-3) |
| <input type="checkbox"/> | Signatures of both Student and Parent or Legal Guardian (on page 3) |
| <input type="checkbox"/> | Personal Resumé of high school extracurricular and community activities (2-3 pages max) |
| <input type="checkbox"/> | Military Affiliation section of application (page 3), if applying for military scholarships |
| <input type="checkbox"/> | Verification of Eligibility Form (page 4 – for six affiliation-based scholarships listed on the form) |
| <input type="checkbox"/> | High School Transcript of completed courses and most recent GPA and Class Rank |
| <input type="checkbox"/> | Class schedule of pending senior year courses |
| <input type="checkbox"/> | Test Scores: ACT and/or SAT (okay if printed on transcript or from College Board w/name visible) |
| <input type="checkbox"/> | Advanced Placement (AP) exam scores, as applicable |
| <input type="checkbox"/> | Evaluation Form from Counselor |
| <input type="checkbox"/> | Evaluation Form from English Teacher |
| <input type="checkbox"/> | Evaluation Form from Another Teacher |
| <input type="checkbox"/> | Written Recommendation (from a non-relative adult) |
| <input type="checkbox"/> | Personal Narrative (200-400 words, typed, preferably double spaced) |
| <input type="checkbox"/> | Other essays, recommendations or documents as required from scholarship donor organizations |
| <input type="checkbox"/> | Student's name must be printed on all pages submitted |
| <input type="checkbox"/> | NOTE: Valero Alamo Bowl Scholarship applications must be readily accessible – place on top of stack when submitting to BCSCH. |



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2021-2022 SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Mr. ___/Miss ___ Last 4 digits of SSN # _____
 First Middle Last

Address			
Number & Street	City	State	Zip Code

Primary Phone: _____ Alternate Phone: _____ Email: _____

High School you now attend: _____ Previous School: _____

Age _____ Date of Birth _____ Are you a U.S. Citizen? _____ or Other: _____

There are scholarships for students who have a hearing, speech or vision impairment; and also students with learning or physical disabilities who may require Special Education Classes. Do you fall into any of these categories? YES or NO
If yes, please include a brief descriptive note from yourself, parent, therapist, doctor or teacher with your application.

P A R E N T I N F O R M A T I O N (or Legal Guardian)

Father's Name: _____ Age _____
email: _____

Home Address				Home #
Number & Street	City	State	Zip Code	Work #

Father's Employer:		
Company Name	City/State	Job Title

Mother's Name: _____ Age _____

		email:	
Home address		Home #	

Number & Street	City	State	Zip Code	Work #
Mother's Employer:				

Company Name	City/State	Job Title
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IF APPLICABLE, stepfather's name and employer

IF APPLICABLE, stepmother's name and employer:

Parents are: Married Divorced Separated Remarried Widowed

If parent(s) is(are) deceased, please check: Father Mother

Number of immediate family members residing in your home (INCLUDE parents and yourself):

Ages of all family members currently residing in your home:

FINANCIAL INFORMATION:

<u>2020 Annual gross income of family:</u>	1. Under \$15,000 _____	6. \$ 65,000- 84,999 _____
Amount indicated should include the	2. \$ 15,000-24,999 _____	7. \$ 85,000-119,999 _____
2020 reported income for parent(s)	3. \$ 25,000-34,999 _____	8. \$120,000-149,999 _____
or legal guardian with whom you	4. \$ 35,000-49,999 _____	9. \$150,000-199,999 _____
reside and any income earned yourself.	5. \$ 50,000-64,999 _____	10. \$200,000-249,999 _____
		11. \$250,000 and up _____

Who will be responsible for financing your college education? _____
 Will you be receiving Veterans Educational Benefits for college? _____

NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME TO ESTABLISH FINANCIAL NEED.

FINANCIAL INFORMATION (cont'd)

Do you have a savings account for college expenses? _____. If so, indicate amount \$_____

Indicate the number of family members in your household who will be in college (or vocational/technical school) at least half-time next year (2022-2023). INCLUDE YOURSELF! _____

Projected medical/dental expenses for 2022 not covered by insurance _____

Excluding general cost-of-living expenses like rent, food, utilities and transportation, describe any extra projected expenses: _____

If there are unusual circumstances in your family which may explain your strong need for a scholarship, please briefly explain here or include it in your personal narrative:

S C H O O L P R E F E R E N C E / I N T E N D E D M A J O R

College or university you wish to attend:

1st choice	Name	City	State
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2nd choice

Name	City	State
------	------	-------

Choose your college major from the Codes for Programs of Study, found on page 5.

Intended Major(s): _____ or Code #(s) _____ Intended Career: _____
Explain any educational plans you may have beyond four years of college: _____

S C H O O L / C O M M U N I T Y A C T I V I T I E S

(Attach a personal resume or additional pages as needed, but please do not write on back)

[illegible]

EMPLOYMENT RECORD

Present Employer: _____ Dates worked: From _____ To _____
Job Title/Duties: _____ Hours worked per week: _____

Past Employer: _____ Dates worked: From _____ To _____
Job Title/Duties: _____ Hours worked per week: _____

Student's Name: _____

E T H N I C I T Y / H E R I T A G E

This information is optional; however, it is used to establish scholarship eligibility based on ethnic/national origins (ex: Puerto Rican Heritage Society, Order of Sons of Italy and SAZA)

Which of the following categories best describes you? (choose one or more)

- | | |
|--|-------------------------------|
| _____ 1-American Indian or Alaskan native | _____ 6-Italian-American |
| _____ 2-Asian American or Pacific Islander | _____ 7-Puerto Rican |
| _____ 3-Black or African-American | _____ 8-Hungarian |
| _____ 4-White or Caucasian | _____ 9-Other (specify _____) |
| _____ 5-Hispanic | |

M I L I T A R Y A F F I L I A T I O N (if applicable)

NAME OF YOUR MILITARY SPONSOR _____ Last 4 digits of SSN# _____

Indicate your relationship to sponsor, their military branch, rank and years served:

	Father	Mother	Stepfather	Stepmother	Grandmother	Grandfather
Army	_____	_____	_____	_____	_____	_____
Air Force	_____	_____	_____	_____	_____	_____
Coast Guard	_____	_____	_____	_____	_____	_____
Marines	_____	_____	_____	_____	_____	_____
Navy	_____	_____	_____	_____	_____	_____
YEARS SERVED	_____	_____	_____	_____	_____	_____
RANK	_____	_____	_____	_____	_____	_____

ACTIVE DUTY: Parent/Sponsor is stationed at: _____

Is your active duty parent or sponsor on a remote tour: Yes ____ No ____

RETIRED: Indicate the appropriate reason your sponsor retired from the military:

Medical Retirement ____ After 20 years of service ____ From which military base _____

DEATH OF PARENT while on active duty: Yes ____ No ____ Station at time of death _____

RESERVE STATUS (check category): Currently Active ____ NOT currently active ____ Retired ____

Years Served ____ Rank ____ Military Branch ____ Reserve Duty Station _____

VETERAN STATUS (check category): Years Served ____ Rank ____ Military Branch _____

Military Base at time of Discharge _____

IS STUDENT ENROLLED IN DEERS PROGRAM: ____ Yes ____ No

S T U D E N T / P A R E N T (OR LEGAL GUARDIAN)
A C K N O W L E D G E M E N T

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

Student (signature required)

Date

Parent or legal guardian (signature required)

Student's Name _____

2021-2022 VERIFICATION OF ELIGIBILITY / AFFILIATION FORM
FOR SCHOLARSHIPS LISTED BELOW

If you wish to apply to one of the six scholarships listed below, you must complete this form. To be eligible, you must either be a member of the scholarship organization or be a dependent of a member of the scholarship organization. Somehow, you must be affiliated with the organization yourself.

- Complete this form only after reading the scholarship description in the current Booklet of San Antonio/Bexar County Scholarship Opportunities for High School Seniors, to determine if you are qualified to apply.
- If eligible, place a check mark next to the scholarship, and complete the information in one of the section boxes below. You may apply to more than one.
- Your application packet should include any special essay or document verifying proof of ethnicity or heritage as required by the scholarship organization.
- Inform your counselor to mark your Nomination Sheet with any selection from this list.

- _____ Air Force Federal Credit Union Scholarship
- _____ Canary Island Descendants Association of San Antonio (CIDA member? ☐ yes / ☐ no)
- _____ National Association of Letter Carriers, Alamo Branch #421 Scholarship
- _____ Order of the Sons of Italy, Pompeo Coppini Lodge Scholarship
- _____ Puerto Rican Heritage Society, Hector Mendez Scholarship
- _____ San Antonio Professional Fire Fighter's Association
- _____ United Texas Federal Credit Union Scholarship

-1-

Name of Scholarship checked above: _____
(Enter Scholarship name as listed above)

Full Name and Relationship of person with whom affiliation/eligibility is based:

First Middle Last Relationship to Student (parent, step-parent, grandparent)

- For Credit Union scholarships, please provide last 4 digits of member's account #: _____

-2-

Name of Scholarship checked above: _____
(Enter Scholarship name as listed above)

Full Name and Relationship of person with whom affiliation/eligibility is based:

First Middle Last Relationship to Student (parent, step-parent, grandparent)

- For Credit Union scholarships, please provide last 4 digits of member's account #: _____

***** FOR MILITARY AFFILIATIONS USE PAGE 3 *****

CODES FOR PROGRAMS OF STUDY
2021-2022

<u>0100-OTHER</u>	<u>1800-FINE ARTS, general</u>	<u>2600-NATURAL SCIENCES, general</u>
1000- <u>AGRICULTURE</u> , general	1801 Art	2601 Astronomy
1001 Animal Science	1802 Art History	2602 Biology
1002 Forestry	1803 Dance	2603 Botany
1003 Horticulture	1804 Dramatic Arts	2604 Chemistry
1004 Wildlife Management	1805 Music	2605 Earth Sciences
	1806 Music History	2606 Environmental Science
	1807 Oratory (speech/debate)	2607 Geography
1100- <u>ARCHITECTURE</u> , general		2608 Geology
1110 Landscape	<u>1900-HOME ECONOMICS, general</u>	2609 Meteorology
	1901 Fashion Design	2700 Oceanography
1200- <u>BUSINESS</u> , general	1902 Fashion Merchandising	2701 Physics
1201 Accounting	1903 Interior Design	2702 Zoology
1202 Banking		
1203 Economics	<u>2000-LANGUAGES, general</u>	<u>2800-NUTRITION, general</u>
1204 Finance	2001 French	2801 Dietetics
1205 Insurance	2002 German	2802 Health
1206 Management	2003 Italian	
1207 Marketing	2004 Japanese	<u>2900-PHILOSOPHY, general</u>
1208 Human Resources	2005 Latin	2901 Religion
	2006 Spanish	
1300- <u>COMMUNICATIONS</u> , general	2007 Other	<u>3000-PRE-PROFESSIONAL PROGRAMS</u>
1301 Advertising		3001 Pre-Dentistry
1302 Journalism	<u>2100-LAW ENFORCEMENT, general</u>	3002 Pre-Law
1303 Photography	2101 Border Patrol Agent	3003 Pre-Medicine
1304 Public Relations	2102 Computer Forensics	3004 Pre-Pharmacy
1305 Radio-TV-Film	2103 Criminal Justice Careers	3005 Pre-Veterinary Medicine
	2104 Forensic Specialist	
1400- <u>COMPUTER SCIENCE</u> , general		<u>3100-SOCIAL SCIENCES, general</u>
1401 Programming	<u>2200-MATHEMATICS, general</u>	3101 Anthropology
1402 System Analysis	2201 Actuarial	3102 Archaeology
1493 Cyber Security		3103 History
1500- <u>EDUCATION</u> , general	<u>2300-MEDICAL PROFESSIONS, general</u>	3104 International Relations
1501 Elementary Education	2301 Biomedical Technician	3105 Political Science
1502 Secondary Education	2302 Chiropractic	3106 Psychology
1503 Health Education	2303 Dental Assisting	3107 Social Work
1504 Physical Education	2304 Dental Hygiene	3108 Sociology
1505 Special Education	2305 Emergency Medical Tech	
	2306 Medical Assistant	<u>3200-TRADE/VOCATIONAL FIELDS</u>
1600- <u>ENGINEERING</u> , general	2307 Medical Lab Technician	3201 Aeronautical/Aviation
1601 Aerospace	2308 Mental Health Technician	3202 A/C, Heating (HVAC)
1602 Biomedical	2309 Nursing, general	3203 Airline/Travel careers
1603 Chemical	2310 Occupational Therapy	3204 Auto Mechanics
1604 Civil	2311 Optometry	3205 Business Technology
1605 Electrical/Electronics	2312 Pharmacy, general	3206 Carpentry/Construction
1606 Industrial	2313 Physical Therapy	3207 Cosmetology
1607 Mechanical	2314 Physician Assistant	3208 Culinary Arts
1608 Nuclear	2315 Public Health	3209 Drafting
1609 Petroleum	2316 Radiology, general	3210 Electrician
1610 Structural/Architectural	2317 Respiratory Therapy	3211 Electronics
	2318 Speech Therapy	3212 Graphic Arts
1700- <u>ENGLISH</u> , general	2319 Sports Medicine	3213 Hotel/Food Service Mgmt
1701 Classics	2320 Surgical Technician	3214 Industrial Arts
1702 Creative Writing	2321 Other	3215 Plumbing
1703 Linguistics		3216 Real Estate
1704 Literature	<u>2500-MORTUARY SCIENCE, general</u>	3217 Secretarial
		3218 Welding

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to express your positive observations of the student. This section is important in our assessment.

Student's Name _____ High School _____

First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	<u>GOOD</u>	<u>VERY GOOD</u>	<u>EXCELLENT</u>	<u>UNKNOWN</u>
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

Evaluator: _____ Title/Department: _____
(print first and last name)

Signature: _____ Email: _____

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[illegible]

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