

**Windfern School of Choice
Faculty and Staff Scholarship
Student Application**

Student Name: _____

Student ID Number: _____

Phone Number: _____

Full Mailing Address: _____

Student email: _____

Parent/Guardian Names : _____

1) What are your educational or career plans following your graduation from Windfern?

2) How has your enrollment at Windfern changed your life?

3) What will you remember most about your experience here at Windfern?

4) What are five words that you think people would use to describe you?

5) Tell us something about you that you are working on changing for the better. BE HONEST! None of this disguising a strength as a weakness business!!

Have you taken the TSI? ____ Have you met with LouAnn James? (Lone Star Rep) ____
Scholarship funds will only be paid to an accredited two or four year college or university.
No scholarship money will be paid to an online university.

In a 500 word essay, please explain why you feel that you would be a good candidate for this scholarship? If you would like, you may include financial hardship, unusual family situations, or any other extenuating circumstances.

Due date is
Friday, December 8, 2017

Please return to Ms. Gregory in the office area