



# Assistance League<sup>®</sup> of Houston

*A Chapter of National Assistance League<sup>®</sup>*

1902 Commonwealth Houston, Texas 77006 Phone: (713) 526-7983 Fax: (713) 529-6632  
Website: [www.assistanceleaguehou.org](http://www.assistanceleaguehou.org)

## Academic Year 2017-2018 Guidelines for Assistance League<sup>®</sup> of Houston Scholarships

### STATEMENT OF PURPOSE:

Assistance League of Houston shall provide college students residing in the Houston area with financial resources that will support them in their academic pursuits. Scholarship awards must be used to pay for tuition, fees and books at an accredited Texas college or university. This scholarship is for the student's first two undergraduate semesters only. All application information shall remain confidential. Selections of candidates will be made in March and April of each year.

### REQUIREMENTS FOR APPLICATION:

- Shall have a financial need.
- Shall maintain a 2.5 GPA.
- Shall attend an accredited Texas college or university.
- Shall be enrolled for the fall semester.
- Shall complete the entire application process.
- Shall be a citizen of the United States of America or a documented permanent resident. If a documented permanent resident, must submit Alien Registration ID Number and expiration date.

### CANDIDATE GUIDELINES

**ALL OF THE DOCUMENTS LISTED BELOW ARE DUE AT ALH OFFICES BY MARCH 1 OF EACH YEAR UNLESS OTHERWISE AGREED.**

- Completed Assistance League of Houston General Scholarship Application including personal essays.
- High school transcript verifying G.P.A. and class rank
- SAT/ACT scores
- One copy of FAFSA application
- Two letters of recommendation on school's letterhead from school advisor, principal and/or teacher.
- Signed copy of Guidelines for Assistance League of Houston Scholarships



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## RECIPIENT GUIDELINES

- Shall enroll at an accredited Texas college or university.
- Shall provide proof of enrollment to receive tuition and fees payment and bookstore privileges.
- Shall notify the Scholarship Program Chairman of address or telephone number changes.
- Shall maintain a 2.5 grade point average.
- Shall successfully complete a minimum of 12 hours each semester.
- Shall sign a release permitting ALH to obtain a transcript of grades at the end of each semester. Said release shall be signed before any funds are distributed.
- Shall notify the Scholarship Program Chairman within two (2) days of terminating college attendance.
- Shall inform the Scholarship Program Chairman after each semester if attending the next semester.
- Shall meet with the Scholarship Program Chairman for consideration for reinstatement when college enrollment has been delayed for personal or family reasons.
- Shall return to Assistance League of Houston any and all unused scholarship funds.

## NOTES TO APPLICANT

- Retain copies of all materials submitted.
- Note deadline above and on application form. Provide all required paperwork by the deadline.
- Scholarship recipients shall be notified in writing each year during the month of April.
- Please read, sign and return these Guidelines with your application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## Academic Year 2017-18 General Scholarship Application

Application must be typed or printed neatly. Scholarship will be awarded for this academic year. All applications must be postmarked no later **March 1, 2017**. Please return completed application to your guidance counselor. Only applications submitted by the counselors will be accepted.

### Personal Information

High School \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City, ST

Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

U.S. Citizen Yes \_\_\_ No \_\_\_

If no, are you a documented permanent resident? Yes \_\_\_ No \_\_\_ (Please furnish Alien Registration ID number and expiration date).

Are you eligible to participate in free or reduced lunch programs? Yes \_\_\_ No \_\_\_

### Requirements

The following must be submitted with this application:

- High school transcript verifying G.P.A. and class rank
- SAT/ACT scores
- One copy of FAFSA application
- Two letters of recommendation on school's letterhead from school advisor, principal and/or teacher
- Signed copy of Guidelines for Assistance League of Houston Scholarships

## Education Plans

1. Please state the ***name and address*** of the higher education institution you wish to attend (Must be Texas college or university): \_\_\_\_\_

2. What field of education do you plan to pursue? \_\_\_\_\_  
\_\_\_\_\_

3. Do you have any siblings attending a higher education institution at this time? \_\_\_\_\_

4.

A. Have you **applied** for other scholarship funds to date? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list all financial awards applied for to date including the amount and source of the award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you **received** other scholarship funds to date? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list all financial awards received to date including amounts and sources.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer, Extracurricular, and Work Activities

List any volunteer activities in which you are or have been involved and please list years of participation with each activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List high school activities (clubs, sports, leadership, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any work experience and dates of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Award and Honors**

List all awards and honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Essays (You may attach additional sheets)**

1. Why do you believe you should be considered as a candidate for an Assistance League of Houston Scholarship and how will this help to meet your financial needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your educational goals and how long do you anticipate it will take you to achieve those goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. ALH is a volunteer organization. In what way do you see yourself participating in community activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO RELEASE GRADE TRANSCRIPT**

I HEREBY AUTHORIZE THE REGISTRAR OR OTHER PERSON OPERATING WITH THE AUTHORITY OF \_\_\_\_\_(Name of College) TO RELEASE A TRANSCRIPT OF MY GRADES FOR THE FALL AND SPRING SEMESTERS OF 2017 AND 2018 DIRECTLY TO THE ASSISTANCE LEAGUE OF HOUSTON, 1902 COMMONWEALTH, HOUSTON, TX, 77006-1836 UPON WRITTEN REQUEST FROM THAT ORGANIZATION. THIS AUTHORITY IS GIVEN IN CONSIDERATION OF THE FACT THAT SAID ORGANIZATION HAS PROVIDED ME WITH SCHOLARSHIP ASSISTANCE FOR THE ACADEMIC YEAR 2017-2018.

**SIGNED BY**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Or

\_\_\_\_\_  
Alien Registration Number

# Assistance League<sup>®</sup> of Houston PHOTO RELEASE

I irrevocably consent to and authorize the unrestricted use and reproduction by Assistance League of Houston, or anyone authorized by Assistance League of Houston, of any and all photographs, negative or positive, made for any purpose such as, but not limited to, public displays or exhibits, sample prints, advertising or promotions, and video tapes for possible publication in various information media, including publications, news media, video, radio, and television without compensation being due to anyone for such use. All negatives and positives, together with the prints shall constitute Assistance League of Houston property, solely and completely.

I realize that Assistance League of Houston cannot be held responsible for the final copy and/or photographs selected. I waive the right to inspect or approve such completed copy, pictures or public information used in connection therewith.

Date: _____
Child's name: _____ (Print clearly)
Address: _____ (Street) (Apartment)
_____ (City) (State) (Zip Code)

Signature of Parent or Guardian if Minor: <input checked="" type="checkbox"/> _____
Print Parent's or Guardian's name: _____
Guardian's address: _____ (Street) (Apartment)
_____ (City) (State) (Zip)
Guardian's Phone numbers(s): _____ Phone 1 Phone 2
Guardian's E-Mail address: _____

Witnessed by: <input checked="" type="checkbox"/> _____ (Signature of Witness)
Print Witness's name: _____