

**APPLICATION FOR
ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS
HIGH SCHOOL SCHOLARSHIP**

Name _____

Name of Parent or Guardian _____

Present Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

School Honors and Offices Held: _____

Community Activities (Work / Hobbies / Volunteer / Church): _____

Grade Point Average _____ Class Ranking _____ out of _____

SAT Score _____ and/or ACT Score _____ composite

Are you pre-enrolled in a college? _____ Name of College _____

What degree are you seeking? _____

Probable Major: _____ Probable Minor: _____

Future Vocational Plans: _____

On a separate sheet of paper, write an essay (500 words or less) explaining why you would like to receive this scholarship.

Financial need/special circumstances will be considered.

Please include two letters of recommendation from teachers or other adults who know you well.

Please attach an official transcript to this application.

Your completed application must be returned and/or postmarked no later than **April 15, 2017**.

APPLICATION AND TRANSCRIPT REQUEST DUE TO THE KHS REGISTRATION OFFICE BY APRIL 12TH!

Return to: ATPE Scholarship
Eileen Walcik
1804 Bundrant Dr.
Killeen, TX 76543

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