



Central Texas Justices of the Peace and Constables Association

High School Scholarship Application

SCHOLARSHIP QUALIFICATION GUIDELINES

To qualify for the CTJPCA high school scholarship, the applicant must meet the following criteria:

- Be the child, grandchild, or legal ward (Guardianship) of an active voting member of CTJPCA.
- Applicants must be high school graduate (at least will graduate prior to the CTJPCA conference at the time the scholarship will be awarded)
- Submit a complete scholarship application.

SCHOLARSHIP AWARDS AND SCHOLARSHIP PRESENTATIONS

- Scholarship award amounts depend on the number of scholarship applications the committee receives and the amounts vary each year.
- Scholarship recipients will be notified by June after the committee makes the selection.
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SCHOLARSHIP APPLICATION SUBMISSION

Complete applications **MUST BE RECEIVED BY April 1**. Incomplete applications will not be considered.

Please do not mail partial applications.

Please **mail** completed applications to: **(No fax or e-mail applications will be accepted)**

CTJPCA
PO BOX 105
SNOOK TX, 77878

SCHOLARSHIP APPLICATION SUBMISSION CHECKLIST

For your application to be considered, you must attach the following documentation:

1. Current Certified High School Transcript

This must be an official document on either school letterhead or with school seal. Last semester completed must be included on the transcript. Be sure to contact school early to secure the transcripts.

2. Current Proof of Enrollment

This must be an official document on either school letterhead or with school seal.

3. A Brief Student Essay

Any student applying for a scholarship must submit an essay, not to exceed 500 words, in his or her own handwriting. The essay should answer the questions: **What makes me the best candidate to receive one of the CTJPCA scholarships?**
What are my financial needs and what are my academic goals?

4. Personal References

Submit letters of recommendation that are no more than 3 months old with this application form from any **two** of the following:

- counselor,
- high school principal,
- former or current teacher,
- most recent employer, or
- other persons qualified to attest to your character, scholastic ability and potential as a college student.

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STUDENT PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

CURRENT MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PERMANENT MAILING ADDRESS:

CITY:

STATE:

ZIP
CODE:

EMAIL ADDRESS:

PHONE #:

DATE OF BIRTH: (MM/DD/YYYY)

AGE:

STUDENT FAMILY INFORMATION

NAME OF FATHER/GUARDIAN:

FATHER EMPLOYED BY:

OCCUPATION:

FATHER'S MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME OF MOTHER/GUARDIAN:

MOTHER EMPLOYED BY:

OCCUPATION:

MOTHER'S MAILING ADDRESS SAME
AS FATHER'S?

YES

NO

IF DIFFERENT ADDRESS, PROVIDE
MOTHER'S MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

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EDUCATIONAL BACKGROUND

NAME OF HIGH SCHOOL ATTENDING:

CURRENT GRADE LEVEL: 9th 10th 11th 12th

OVERALL G.P.A.

CURRENT G.P.A:

INTENDED INSTITUTION OF HIGHER
EDUCATION OR LEARNING:

INTENDED MAJOR OR
AREA OF STUDY:

WORK EXPERIENCE List all work experience you have participated.

EMPLOYER:	JOB TITLE	DATES EMPLOYED:	BRIEF DESCRIPTION OF YOUR ROLE/DUTIES/RESPONSIBILITIES:
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EMPLOYER:	JOB TITLE	DATES EMPLOYED:	
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EMPLOYER:	JOB TITLE	DATES EMPLOYED:	
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EXTRACURRICULAR ACTIVITIES/HONORS/AWARDS/COMMUNITY SERVICE

LIST AWARDS, HONORS, ETC. YOU
HAVE RECEIVED IN HIGH SCHOOL:

LIST COMMUNITY SERVICES
PERFORMED:

LIST EXTRACURRICULAR ACTIVITIES/
OFFICES HELD

OTHER SCHOLARSHIP INFORMATION

ARE YOU OR WILL YOU BE A CANDIDATE
FOR ANY OTHER SCHOLARSHIPS SUCH AS
SCHOLASTIC, ATHLETIC, WORK?

IF YES, LIST SCHOLARSHIPS APPLIED FOR, AMOUNT OF
SCHOLARSHIP, AND DATE APPLIED FOR OR RECEIVED:

Yes No

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CURRENT/VOTING MEMBER INFORMATION (JUDGE, CONSTABLE, CLERK)

NAME OF MEMBER:

MEMBER TITLE:

COUNTY:

RELATIONSHIP TO APPLICANT:

PARENT

GRANDPARENT

LEGAL GUARDIAN

HAVE YOU EVER APPLIED FOR A SCHOLARSHIP FOR THIS STUDENT OR ANY OTHER MEMBER OF YOUR FAMILY?

DID THE APPLICANT RECEIVE A SCHOLARSHIP FROM THIS ASSOCIATION?

YES NO

YES NO

IF APPLICANT RECEIVED SCHOLARSHIP, PLEASE DESCRIBE:

BRIEFLY STATE YOUR REASONS WHY THIS APPLICANT MERITS CONSIDERATION TO RECEIVE A SCHOLARSHIP FROM OUR ASSOCIATION:

SIGNATURES

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF SPONSOR:

DATE:

Committee Name:

Year(s) Served:

Committee Name:

Year(s) Served:

PLEASE RETURN APPLICATION SO WE RECEIVE IT **ON OR BEFORE MAY 31, 2021.**

FOR CTJPCA OF TX USE ONLY DATE

APPLICATION RECEIVED:

DID THE APPLICANT MEET ALL REQUIREMENTS?

FINAL STATUS:

Yes No

APPROVED

NOT APPROVED