

2024 Scholarship Application

SWIFT ELEMENTARY DUE APRIL 19, 2024

Application Information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		
Years Attended Swift Elem.	_____	High School	_____
		Secondary School Attending	_____
Intended Major	_____		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____

Organizations

Name	_____	Position Held	_____
From:	_____	To:	_____
		Accomplishments	_____
Name	_____	Position Held	_____
From:	_____	To:	_____
		Accomplishments	_____
Name	_____	Position Held	_____
From:	_____	To:	_____
		Accomplishments	_____

References

Attach letters for each reference.

Full name: _____

Relationship: _____

Full name: _____

Relationship: _____

Full name: _____

Relationship: _____

Attach 100 words or less stating anything you wish the committee to consider about you including: career, community, or educational objectives.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Please submit electronically to Ms. Hamilton, Swift Elementary counselor at: chamilt5@aisd.net . Or, you can drop off at the Swift Elementary front office.