## **Scholarship Application**

## Hereford ISD Board of Trustees Continuing Education \$500 Scholarship

☐ Current HISD employee seeking teaching certification through attainment of a	
Bachelor's degree.	
☐ Current HISD professional employee seeking advan	ced certification or degree.
Applicant Information: Full legal name:	
Mailing address:	
Phone number: E-Mail address:	
Current position with Hereford ISD:	
Educational History:  High School  College:  I am afull-timepart-time college student. Expected  Field of study:  Future career goals:	Date of Attendance _ Date of Attendance date of graduation
Volunteer and Community Activities:  Name of organization	Dates
Type of service:	
Name of organization	•
Type of service:	
(If you have additional volunteer/community activities you would like t	

Additional Information:
Please use this space to explain any personal circumstance or professional goal information that you would like
the scholarship award committee to take into consideration when reviewing your application:
The undersigned hereby certifies that the information provided in this application is true to the best of their knowledge. Knowingly providing erroneous or misleading information will render this application ineligible for consideration.
ApplicantDate