

APPLICATION FOR THE CATHY YOUNG MEMORIAL SCHOLARSHIP

Please read and fill out the attached forms carefully and completely. As part of your application, there are two recommendation forms to be completed on this scholarship application—one from a teacher and another from an adult who knows you well. Recommendation letters completed separate from this application will not be read and counted.



In addition, you need a letter of recommendation from an adult who is not a relative, teacher, or counselor who can review your character in regard to motivation, responsibility, integrity, honesty, diligence, cooperation, leadership, emotional stability, judgment, neatness, and/or your self-presentation.

Your personal narrative should cover how this scholarship will benefit your educational pursuits and how you view yourself as a person of character and moral fiber. The suggested length of your personal narrative is 200-400 words. Be sure to concentrate on your future plans, the NISD pillars of character, and how this scholarship will help you achieve your goals/plans. Your essay should be written on the application and not on a separate paper.

All applications must be returned to your high school counselor no later than **Friday, April 5, 2024.**

Note to Counselor: Please check that all items listed below are enclosed.

Application _____

Recommendations (please ensure recommendations are not attached in envelopes):

1. Counselor or Teacher _____

2. Adult _____

Personal Narrative _____

Transcript _____

*Application form adapted from the Minnie Stevens Piper Foundation
Cathy Young Memorial Scholarship Application
Thomas C. Clark High School

Section VI: 2 Letters of Recommendation

Using the following reference pages, decide on a counselor or teacher and one adult (who is not a parent, guardian, or teacher) to provide letters of recommendation. Keep in mind you are selecting references who can speak with authority about you. Be sure each letter has your name on it before submitting to your designee. Their reference must be written or typed on the Cathy Young Memorial Scholarship pages you received in the packet here and not on separate pages.

Section VII: Certification by Student and Parent(s)

I hereby apply for the Cathy Young Memorial Scholarship to assist in the payment of my educational expenses while a full-time student at a college or university during the 2024-2025 academic years. I believe I qualify as a candidate for the scholarship and meet all the eligibility requirements. The information submitted is true and correct to the best of my knowledge and belief. This certification is acknowledged by my parent(s).

Student Signature and date

Parent or Guardian Signature and date

Reminder: Before turning in your application, be sure to complete all sections. All of your information will be reviewed upon receiving all three letters of recommendation and your completed application. Any missing information in your application package may disqualify your entry for the scholarship. Scholarship application is due by **Friday, April 5, 2024**.

Cathy Young Memorial Scholarship Application Thomas C. Clark High School

COUNSELOR OR TEACHER'S CONFIDENTIAL RECOMMENDATION

Due to Career Center staff by **Friday, April 5, 2024**

Student Name (Please Print)

Teacher's Name/Title (Please Print)

City

State Zip

Subject Taught to Student (Please Print)

Teacher's Relation to Student (Please Print)

Contact Phone Number

