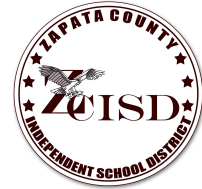


# Zapata High School General Scholarship Application



Zapata High School  
2009 State Hwy 16  
Zapata Texas, 78076  
Phone: 956-765-0280  
www.zcisd.org

Directions:  
Please complete all sections.

**Name:**

|             |              |               |
|-------------|--------------|---------------|
|             |              |               |
| <i>Last</i> | <i>First</i> | <i>Middle</i> |

**Address:**

|                |             |            |
|----------------|-------------|------------|
|                |             |            |
| <i>Address</i> | <i>City</i> | <i>Zip</i> |

**Phone/Cell:**

Insert Picture Here

**Tell us about yourself:**

What career do you intend to pursue?

**1st Choice:**

**2nd Choice:**

Do you plan to attend a college or university when you graduate high school?  Yes  No  
*If Yes, complete 1st choice and 2nd choice*

**1st Choice:**

**2nd Choice:**

*If you chose No, check one (1) that applies.*  
 I plan to join the U.S. Military       I plan to join the workforce

Are there other family members attending college?  Yes  No

Do you have a part time job or have you worked while in high school?  Yes  No

How many years have you lived in Zapata?

List the courses you are taking your senior year:

|     | Fall |
|-----|------|
| 1st |      |
| 2nd |      |
| 3rd |      |
| 4th |      |
| 5th |      |

|     | Spring |
|-----|--------|
| 1st |        |
| 2nd |        |
| 3rd |        |
| 4th |        |
| 5th |        |

**\*\*This portion is optional\*\***

|   |  |
|---|--|
| ACT Composite Scores:                     |  |
| SAT Composite Scores: (including writing) |  |
| What is your Grade Point Average?         |  |
| What is your class rank?                  |  |

List the following from grades 9 through 12:

If you don't have enough room, you may add an attachment or you may attach a letter to the donors. **(one page, double sided if needed)**

High School Activities:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Honors, achievements and awards:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Community Involvement:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**Tell us about your family:**

What is your father's name? *Stepfather, guardian*

What is his occupation?

What is your mother's name? *Stepmother, guardian*

What is her occupation?

How many family members live in your home?

|  |
|--|
|  |
|  |
|  |
|  |
|  |

List all brothers and sisters dependent on your parents:

Name

Age

School/College

| Name | Age | School/College |
|------|-----|----------------|
|      |     |                |
|      |     |                |
|      |     |                |

Do your parents receive public assistance?

Yes  No

If so, please specify agency and yearly total:

|  |
|--|
|  |
|--|

Has any member of your family served in the Armed Forces?

Yes  No

Explain who and in what capacity?

|  |
|--|
|  |
|--|

Is your parent a member of the American Legion?

Yes  No

Is your parent a member of the VFW?

Yes  No