

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION
1250 NE Loop 410, Suite 810
San Antonio, Texas 78209-1539
Phone:(210) 525-8494 Fax:(210) 341-6627 Email:tbinkley@mspf.org

STUDENT APPLICATION FOR: SAZA COMMISSION, INC. – MEMBER’S MEMORIAL SCHOLARSHIP
DEADLINE: 4:00 P.M. JANUARY 3, 2022

This application is specific to SAZA Commission, Inc. ONLY and CANNOT be used to apply to other BCSCH Scholarships

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. However, if you are using this specific application, it can only be used to apply for the SAZA Commission, Inc.-Member’s Memorial Scholarship.

The final deadline is January 3, 2022, by 4:00 p.m.

Submitting this application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, as well as the financial aid office at the college or university of your choice.

Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

- **Remember deadlines:** Being responsible for meeting deadlines shows you are ready for college. There will be no exceptions to the deadline noted above.
- **Do not leave any blanks.** For example, do not skip the financial information section or forget to have your Parent sign in the Acknowledgement section (both student and parent must sign)
- **Don’t be shy** about your school and community activities. Attaching a personal résumés is encouraged.
- **The Letter of Recommendation** needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- **Transcripts and Exam Scores:** your transcript, SAT and/or ACT scores are required with your application
- **Personal Narratives** should be limited to 200-400 words, typed. A well written autobiography can often be the deciding factor among highly ranked candidates. Within your narrative briefly discuss one of the topics below:
 - Describe your future college plans, and how/why you arrived at that decision; or
 - Explain your choice of college and if/how a specific person, event or situation impacted your decision.

NOTE: If you are chosen as an award recipient the sponsoring organization will contact you directly. BCSCH is not responsible for notifying scholarship winners.

TO THE COUNSELOR To ensure accurate and timely processing of information please submit ALL documents for each student as an individual packet secured with a paperclip (no staples, please). DO NOT copy as a 2-sided document, write on the back, or place into folders. Students may include a personal resume highlighting activities. A complete packet for each individual student will consist of the following:

CHECKLIST:

- Application (pages 1-3)
- Transcript of completed courses
- Transcript of pending senior year courses
- Test Scores: ACT or SAT I (may be included on transcript)
- Evaluation from Counselor
- Evaluation from English Teacher
- Evaluation from Other Teacher
- Personal Narrative (200-400 words, typed)
- Adult Recommendation (adult, non-relative)
- Advanced Placement (AP) exam scores, if applicable
- Signatures of both Student and Parent or Legal Guardian (on page 3)
- Student Name printed on all pages submitted with application
- Additional essays, recommendations or documents as requested by scholarship organizations (if applicable)



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2021-2022 APPLICATION FOR SAZA COMMISSION, INC.- MEMBER'S MEMORIAL SCHOLARSHIP

S T U D E N T I N F O R M A T I O N

Mr. ___/Miss ___ _____ Last 4 digits of SSN # _____
First Middle Last

Address _____
Number & Street City State Zip Code

Primary Phone: _____ Alternate Phone: _____ Email: _____

High School you now attend: _____ Middle School attended: _____

Age ___ Date of Birth _____ Are you a U.S. Citizen? ___ or Permanent Resident? ___

P A R E N T I N F O R M A T I O N

Father's Name: _____ Age _____
 email: _____

Home Address _____ Home # _____
Number & Street City State Zip Code Work #

Father's Employer: _____ Job Title _____
Company Name City/State

Mother's Name: _____ Age _____
 email: _____

Home address _____ Home # _____
Number & Street City State Zip Code Work #

Mother's Employer: _____ Job Title _____
Company Name City/State

IF APPLICABLE, stepfather's name and employer _____

IF APPLICABLE, stepmother's name and employer: _____

Parents are: Married ___ Divorced ___ Separated ___ Remarried ___ Widowed ___
 If parent(s) is(are) deceased, please check: Father ___ Mother ___

Number of immediate family members residing in your home (INCLUDE parents and yourself): _____
 List ages of all family members currently residing in your home: _____

F I N A N C I A L I N F O R M A T I O N :

2020 Annual gross income of family: _____
 Amount indicated should include the 2020 reported income for parent(s) or legal guardian with whom you reside and any income earned yourself.

1. Under \$15,000 _____	6. \$65,000- 84,999 _____
2. \$15,000-24,999 _____	7. 85,000-119,999 _____
3. 25,000-34,999 _____	8. 120,000-149,999 _____
4. 35,000-49,999 _____	9. 150,000-199,999 _____
5. 50,000-64,999 _____	10. 200,000-249,999 _____
	11. 250,000 and up _____

Who will be responsible for financing your college education? _____
 Will you be receiving Veterans Educational Benefits for college? _____
 NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME TO ESTABLISH FINANCIAL NEED.

FINANCIAL INFORMATION (cont'd)

Do you have a savings account for college expenses? _____ If so, indicate amount \$ _____
Indicate the number of family members in your household who will be in college (or vocational/
technical school) at least half-time next year (2022-2023). INCLUDE YOURSELF! _____
Medical/Dental expenses for 2022 not covered by insurance _____
Excluding general living expenses (rent, food, utilities, transportation), describe any unusual
expenses:

Any comments/additional information (if there are unusual hardships in your family which may be
pertinent to applying for scholarships, please briefly explain here):

SCHOOL PREFERENCE / INTENDED MAJOR

College or university you wish to attend:

1st choice _____
Name City State

2nd choice _____
Name City State

Choose your college major from the codes for Programs of Study, found on page 4.

Intended Major(s): _____ Code #(s) _____ Intended Career: _____

Explain any educational plans you may have beyond four years of college:

SCHOOL & COMMUNITY ACTIVITIES

(Include a personal résumé or additional pages as needed, but please do not write on back)

Activities	# of Years	Note your role, offices held, awards received

E M P L O Y M E N T R E C O R D

Present Employer: _____ Dates worked: From _____ To _____

Job Title/Duties: _____ Hours worked per week: _____

Past Employer: _____ Dates worked: From _____ To _____

Job Title/Duties: _____ Hours worked per week: _____

E T H N I C I T Y / H E R I T A G E

This information is optional; however, it is used to establish your eligibility for certain scholarships that are based on ethnic/national origins.

Which of the following categories best describes you? (choose one or more)

_____ 1-American Indian or Alaskan native
 _____ 2-Asian American or Pacific Islander
 _____ 3-Black or African American
 _____ 4-White or Caucasian
 _____ 5-Hispanic

_____ 6-Italian American
 _____ 7-Puerto Rican
 _____ 8-Hungarian
 _____ 9-Other (specify _____)

S T U D E N T / P A R E N T A C K N O W L E D G E M E N T

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

 Student (signature required)

 Date

 Parent or legal guardian (signature required)

 Date

	CODES FOR PROGRAMS OF STUDY	
0100-Other:		2600-NATURAL SCIENCES, general
	1800-FINE ARTS, general	2601 Astronomy
1000-AGRICULTURE, general	1801 Art	2602 Biology
1001 Animal Science	1802 Art History	2603 Botany
1002 Forestry	1803 Dance	2604 Chemistry
1003 Horticulture	1804 Dramatic Arts	2605 Earth Sciences
1004 Wildlife Management	1085 Music	2606 Environmental Science
	1806 Music History	2607 Geography
1100-ARCHITECTURE, general	1807 Oratory (speech/debate)	2608 Geology
1110 Landscape		2609 Oceanography
	1900-HOME ECONOMICS, general	2610 Physics
1200-BUSINESS, general	1901 Fashion Design	2611 Zoology
1201 Accounting	1902 Fashion Merchandising	2612 Meteorology
1202 Banking	1903 Interior Design	
1203 Economics		2800-NUTRITION, general
1204 Finance	2000-LANGUAGES, general	2801 Dietetics
1205 Insurance	2001 French	
1206 Management	2002 German	2900-PHILOSOPHY, general
1207 Marketing	2003 Italian	2901 Religion
1208 Human Resources	2004 Japanese	
	2005 Latin	3000-PRE-PROFESSIONAL PROGRAMS
1300-COMMUNICATIONS, general	2006 Spanish	3001 Pre-Dentistry
1301 Advertising	2007 Other:	3002 Pre-Law
1302 Journalism		3003 Pre-Medicine
1303 Photography	2100-LAW ENFORCEMENT, general	3004 Pre-Veterinary Medicine
1304 Public Relations	2101 Computer Forensics	
1305 Radio-TV-Film	2102 Criminal Justice	3100-SOCIAL SCIENCES, general
	2103 Forensic Science	3101 Anthropology
1400-COMPUTER SCIENCE, general		3102 Archaeology
1401 Programming	2200-MATHEMATICS, general	3103 History
1402 System Analysis		3104 International Relations
1403 Cyber Security	2300-MEDICAL FIELDS, general	3105 Political Science
	2301 Biomedical Technician	3106 Psychology
1500-EDUCATION, general	2302 Chiropractic	3107 Social Work
1501 Elementary Education	2303 Dental Assisting	3108 Sociology
1502 Secondary Education	2304 Dental Hygiene	
1503 Health Education	2305 Emergency Medical Tech	3200-TRADE/VOCATIONAL FIELDS
1504 Physical Education	2306 Medical Assistant	3201 Aeronautical/Aviation
1505 Special Education	2307 Medical Technician	3202 Air Cond./Heating Tech
	2308 Mental Health Technician	3203 Airline/Travel careers
1600-ENGINEERING, general	2309 Nursing, general	3204 Auto Mechanics
1601 Aerospace Engineering	2310 Occupational Therapy	3205 Business Technology
1602 Biomedical Engineering	2311 Optometry	3206 Carpentry/Construction
1602 Chemical Engineering	2312 Pharmacy	3207 Cosmetology
1603 Civil Engineering	2313 Physical Therapy	3208 Culinary Arts
1604 Electrical Engineering	2314 Physician Assistant	3209 Drafting
1605 Electronic Engineering	2315 Public Health	3210 Electronics
1606 Industrial Engineering	2316 Radiology	3211 Graphic Arts
1607 Mechanical Engineering	2317 Sports Medicine	3212 Hotel/Food Service Mgmt
1608 Nuclear Engineering	2318 Surgical Technology	3213 Industrial Arts
1609 Petroleum Engineering	2319 Respiratory Therapy	3214 Machine-Working
1610 Structural Engineering	2320 Speech Therapy	3215 Masonry
		3216 Metal-Working
1700-ENGLISH, general	2500-MORTUARY SCIENCE, general	3217 Plumbing
1701 Classics		3219 Real Estate
1702 Creative Writing		3220 Secretarial
1703 Linguistics		3221 Welding
1704 Literature		

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ High School _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	<u>GOOD</u>	<u>VERY GOOD</u>	<u>EXCELLENT</u>	<u>UNKNOWN</u>
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

Evaluator: _____ Title/Department: _____
(print first and last name)

Signature: _____ Email: _____

SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET - DO NOT MAIL SEPARATELY

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