“Stepping into the Future” Scholarship
Requirements

Eligibility Requirements:
• High school senior in Katy ISD with a grade point average of 2.5 to 3.7 (unweighted)
• Official high school transcript from the Registrar’s office
• Full-time enrollment (12 credit hours or more) at any higher education institution
• Complete, legible and signed application
• One page typed essay on the topic: **Who or what inspires you and how will this enhance your education and future endeavors?**
“Stepping into the Future” Scholarship
Application

(Please Print)

Applicant’s Name: ____________________________________________________________________
Address: _____________________________________________________________________________
City: __________________________________  State: __________________  Zip: __________________
Contact Number: _________________________ Email: ______________________________________
GPA (unweighted): ______________   Class Rank: ___________________
Counselor: _________________________________________________________________________
Parent/Guardian Name(s): _____________________________________________________________
Address: __________________________________________________________________________
City: __________________________________  State: __________________  Zip: ______________
Home Phone: _______________________ Cell Phone: __________________

List colleges/technical schools to which you have applied:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

List colleges/technical schools to which you have been accepted:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

List other scholarships for which you are applying:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Have you received any other scholarships? If so, identify the scholarship and amount.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Applicant’s Signature and Date: ___________________________________________
Parent/Guardian Signature and Date: _______________________________________

All completed scholarship applications are due to Your Total Foot Care Specialist office by 5:00 PM on April 14, 2016. Late applications will not be accepted.
“Stepping into the Future” Scholarship Application

Describe your desired course of study and career goals:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Briefly describe your extracurricular activities (school, civic, church, etc):

________________________________________________________________________

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________________________________________________________________________

Briefly describe your community service:

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Briefly describe your leadership skills (school, civic, church, etc):

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List any honors/awards you have received:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I, (print name)__________________________________________, hereby grant permission to Your Total Foot Care Specialist, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Your Total Foot Care Specialist.

______________________________________________  Date: ________________________
(Signature of adult subject)

______________________________________________
(Address)

______________________________________________
(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)
I, (print name)_________________________________________, parent or official guardian of (child’s name)________________________________ hereby grant permission to Your Total Foot Care Specialist, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child’s name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Your Total Foot Care Specialist.

______________________________________________  Date: ________________________
(Signature of Parent or Guardian)

______________________________________________
(Address)

______________________________________________
(City, State, Zip)