



“Stepping into the Future” Scholarship

Dr. James M. Jacobs and Associates with Your Total Foot Care Specialist are pleased to announce two \$1,500 “Stepping into the Future” scholarships for 2021 Katy ISD graduating seniors. The “Stepping into the Future” scholarships are available to seniors graduating with an unweighted GPA ranging from 2.5 to 3.7. The recipients will be announced at the Senior Awards Ceremony.

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. Copies without school seal will not be accepted
- Complete, legible and signed application by the student
- Full-time enrollment (12 credit hours or more) at any higher education institution
- One-page typed essay on the topic: **Describe a meaningful volunteer experience**

Application, transcript and essay must be received by Your Total Foot Care Specialist by **March 31, 2021, 5:00 p.m.** at our 23230 Red River Dr., Katy, TX 77494 location. You may drop off or mail scholarship packet. If mailed, make sure it is received by the deadline as packets received after March 31st, will not be considered.

Tips for a successful application:

- Students must complete the application, not the parents/legal guardian.
- Signatures are needed from the student and parent/legal guardian.
- Complete the entire application.
- Proof read and spell check your application and essay.
- Submit scholarship packet on or before the deadline.
- Plan with enough time to get an official transcript from the counselor. Late transcripts, even if application has been received, are not considered.

For further information please call the Your Total Foot Care Specialist offices at 281-395-3338 or visit our website at www.KatyFootCare.com.



“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): _____

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, essay and transcripts are due March 31, 2021, by 5:00 p.m.
Late applications will not be accepted.**

**Your Total Foot Care Specialist
23230 Red River Dr., Katy X 77494**



“Stepping into the Future” Scholarship Application

Describe your desired course of study and career goals:

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

Briefly describe your community service:

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

List any honors/awards you have received:



“Stepping into the Future” Scholarship Photography Consent and Release Form

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.

(Signature of adult subject) Date: _____

(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.

(Signature of Parent or Guardian) Date: _____

(Address)

(City, State, Zip)