|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scholarship Application | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **You must submit this application and all required materials via email to** [**esteamedyouth@gmail.com**](mailto:esteamedyouth@gmail.com) **with the subject line: Scholarships Application by the application deadline of April 30, 2024.**  The application, scholarship conditions, and letter of recommendation forms are available on The Austin (TX) Chapter of The Links, Incorporated website. | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | have read and understand the conditions of The Austin (TX) Chapter of The Links, Incorporated Scholarship | | | | | | | | | | | |
| **as explained in the current The Links, Incorporated, Austin Chapter scholarship conditions. I affirm that I plan to pursue a degree in STEM or Arts as defined in those documents. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in** The Austin (TX) Chapter of The Links, Incorporated **Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected as an Austin Links Scholar, a representative, or I, agree to attend** The Austin (TX) Chapter of The Links, Incorporated **annual fundraiser. Annually, I will provide a 30-second update video that covers my academic success. I affirm that all of this application, including the scholarship essay, is my own work or formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | | Signature | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal name in full (Print/Type) | | | | | |  | | | | | | | | |  | | | |  | |  | | | | |
| Last Name | | | | | | | | | First Name | | | | M.I. | |
| Permanent residence | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Number, Street, and Apartment Number | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | |  | | | | |
| City | | | | | | | | | | | | | State | | ZIP | | | | |
| Your address at school (if different) | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Number, Street, and Apartment Number | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | |  | | | | |
| City (if studying abroad, add country) | | | | | | | | | | | | | State | | ZIP | | | | |
| Home telephone | | | | | (    ) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| School telephone  (if different) | | | | | (    ) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| E-mail address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Other: | | |  | | | | | | | | | | | | Date of birth | | |  | | Age | |  | | |
|  | | | | | | | | | | | | | | | Month/Day/Year | |  | | | | |
| Name of high school | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current cumulative GPA | | | | | | |  | | | | | on a scale of | | | | | | | | | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of College/University | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  | |
| Your college major(s) | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your college bursar’s full mailing address | | | | | | | | | | | | | |  | | | | | | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected date to receive baccalaureate degree | | | | | | | | |  | | | | | | | Degree you will receive | | | | | |  | | | | |
| Name | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # Family Members in Household (circle) | 1-2 | 3-4 | 5-6 | >6 |
| Annual Combined Family Income (circle) | < $65,000 | $65,000-$100,000 | $101,000-$150,000 | >$150,000 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Years in eSTEAMed |  | Total Number Workshops Attended |  | | | | | | |
| 1. **List high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for high school STEAM and other school sponsored activities.** | | | | | |
| STEAM High School Activity | | **Dates** | | Offices | |
| Other High School Activity | | **Dates** | | Offices | |
| |  |  |  | | --- | --- | --- | | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  | | |  1. **List community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance. You will have space to list six.**   **# of Weeks** | | | | | |
| **Activity** | **Role** | | **Dates** | | **Active** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| |  |  | | --- | --- | | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  1. **Describe one specific example of your leadership.**      1. **State any special personal or family circumstances affecting your need for financial assistance.**      1. **In 250 words or less, please describe the problem or innovation in STEAM you want to address when you complete your degree. (If possible, use statistical data to define the magnitude of the problem.)**      1. **In 250 words or less, please pick an experience from your own life and explain how it has influenced how you see the world.**      1. **In 250 words or less, please explain why The Austin Chapter of the Links, Incorporated should award this scholarship to you.** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant’s Name (printed)** |  | **Applicant’s Signature** |  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Parent’s Name (printed)** |  | **Parent’s Signature** |  | **Date** |

**Please submit completed application via email to** [**esteamedyouth@gmail.com**](mailto:esteamedyouth@gmail.com) **with the subject line: Scholarship**

**The Austin (TX) Chapter of The Links, Incorporated**

**P.O. Box 143255**

**Austin, Texas 78714**

**Theaustinlinks.org**