2020 STUDENT SCHOLARSHIP APPLICATION

COVER PAGE AND CHECKLIST

INSTRUCTIONS and DETAILS

Thank you for your interest in applying for our scholarship. Please read directions carefully. Only incoming 6th-12th grade students interested in attending one of College Connect’s (previously known as IDEAL) programs may apply.

Submit only the required recommendation letters; one parent letter and one additional letter of recommendation. Any other letters will be removed before applications are submitted to the scholarship committee. We will not contact applicants to inform them of missing portions. Incomplete applications will not be considered. Applicants may apply for a scholarship assistance in only one College Connect summer camp. Scholarship recipients are selected by an independent scholarship committee.

Applications must be emailed to ideal@ttu.edu or postmarked by April 3, 2020.

Applicants will be notified the week of April 13th, 2020.

CHECKLIST

A complete application will include:

_____ Program Application Form
_____ 1 Page Student Essay
_____ Parent/Guardian Letter of Support
_____ Additional Recommendation Letter (recommender may not be related to the student)
_____ Copy of 2019 tax return transcript (white/black out Social Security information)
_____ Most current student Report Card or Transcript

Scholarship awards are based upon financial need, academic merit, or both.

Indicate which camp you are applying for

Shake Hands with Your Future I – Residential (entering 6th – 8th grades) May 31-June 5, 2020 _____

Shake Hands with Your Future I - Commuter (entering 6th – 8th grades) June 1-5, 2020 _____

Shake Hands with Your Future II – Residential (entering 9th – 12th grades) July 19-24, 2020 _____

Shake Hands with Your Future II – Commuter (entering 9th - 12th grades) July 20-24, 2020 _____

For questions regarding the scholarship application, please call 806-742-2420 or email ideal@ttu.edu

Mail completed applications to

TTU College Connect
Box 45065
Lubbock, TX. 79409

Received by Initials: _______________ Received Date: _______________

(For Office Use Only)
APPLICATION

Student's First and Last Name __________________________________________

D.O.B. __________

Sex of Student ________________________________________________

Student’s Age ______

Fall 2020 Grade Level ______

_______________________________________________________________________________________________

Home Address __________________________ City __________ State __________ Zip __________

_______________________________________________________________________________________________

School Student attends ________________________________________________

_______________________________________________________________________________________________

Parent /Guardian 1 Cell Phone __________________________________________

_______________________________________________________________________________________________

Parent /Guardian 2 Cell Phone __________________________________________

_______________________________________________________________________________________________

Email address

Currently in G/T, AP, or D/C class? YES NO
If yes, select all that apply:
☐ G/T=Gifted & Talented ☐ AP=Advanced Placement ☐ DC=Dual Credit ☐ AVID ☐ Upward Bound

The range of scholarships awarded varies. Please specify the minimum amount your child can receive and still attend summer camp. $___________

To the best of my knowledge, the information reported on this application form is correct.

Signature of Parent or Guardian: ____________________________ Date __________

Printed Name of Parent or Guardian: ____________________________ Date __________

If your student is offered a scholarship amount, you will need to accept the award, fill out the online application, and place a non-refundable $25 deposit to reserve your spot.
STUDENT ESSAY

Respond to the following question below or in an attached typed document.
Why do you want to attend summer camp and how would receiving a scholarship make a difference in your life?
PARENT/ GUARDIAN LETTER OF SUPPORT

Respond to the following question below or in an attached typed document. What would you like us to know about your child and how does this scholarship help them and your family?
**ADDITIONAL RECOMMENDATION** (To be submitted by educator, mentor, community member, or other adult not related to the student).

Respond to the following question below or in an attached typed document.

What characteristics does the student possess and how would this summer camp benefit their educational success?