



TEXAS TECH UNIVERSITY
Student Union & Activities
Division of Student Affairs & Enrollment Management

Shubert Family Programming Scholarship Application

Basic Information

Full Name: _____ Student ID Number: _____

Campus/Local Address: _____ (zip code)

Campus/Local Phone: _____ Email: _____

Permanent Address: _____ (zip code)

Parent/Guardian name(s): _____

Academic Information

Academic Major(s): _____

Academic Minor(s): _____

Current Cumulative/Adjusted GPA: _____ Credit hours earned: _____

Anticipated Graduation Date: _____

Letter of Application

With your application please provide responses to the following questions in the form of a typed letter to the "scholarship selection committee".

- Why are you deserving of this scholarship, both academically and through your co-curricular involvement with the Tech Activities Board (TAB)?
- As a student leader of TAB, what will you do within the following year to better yourself and the organization?
- What significant impact have you had on TAB? What significant impact has TAB had on you?
- How and what type of leadership characteristics do you role model to other members of TAB?

Activities, Honors & Awards

Please include with your application a typed list (or your resume) including the following:

- Any honors or awards you have received
- High school/college activities
- Leadership positions held
- Community/volunteer activities

Verification of Information/Academic Release

My signature below verifies that the information contained in this application is correct to the best of my knowledge. To be considered for the Shubert Family Programming Scholarship, I authorize Texas Tech University to release my academic records to the members of the scholarship selection committee.

Signature: _____

Date: _____



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Shubert Family Programming Scholarship Recommendation

Recommendation for: _____
(full name) (student ID number)

The above named student is applying for the Shubert Family Programming Scholarship awarded annually to executive board members (i.e. President, Vice Presidents, or Coordinators) of the Tech Activities Board (TAB) who has contributed significant time and talent to the group and will continue to do so, in a leadership position, for the following year. Scholarship recipients will be selected on the basis of the applicant's progress toward his/her educational and co-curricular goals.

How long have you known this student? _____ In what capacity? _____

Please evaluate the above named student as compared to other students of his/her age.

	Excellent	Above average	Average	Below average	Cannot evaluate
Motivation					
Perseverance					
Maturity					
Responsibility					
Organization					
Interpersonal skills					
Intellectual curiosity					

Below, please provide your candid evaluation of this student's progress toward his/her educational and/or co-curricular goals.

Print your name: _____ Signature: _____ Date: _____

Your current title: _____ Your phone number: _____

Your address: _____
(zip code)

Please put this completed reference in a sealed envelope with the student's name on the front and your signature across the seal. Return the sealed envelope to the student for submission with his/her application. Thank you!