



# Max W. Schlotter Scholarship Application

**Please note: This is the ONLY application accepted by the Max W. Schlotter Scholarship. Please do not substitute another form.**

The Max W. Schlotter Scholarship, in the amount of \$1000, will be awarded to two Region 6 graduating seniors (December 2023 or May 2024) who plan to **major in education**. The students must pursue an education in a Texas college or university.

**To be considered, this form must be completed electronically or typed (not handwritten) and submitted to:**

Max Schlotter Scholarship Committee  
Sherri Treadway  
Region 6 Education Service Center  
3332 Montgomery Road  
Huntsville, Texas 77340

**Must be received no later than April 1, 2024**

**Additional Requirements:**

- One letter of recommendation from a teacher/administrator of applicant's choice must accompany this application.
- Essay: Please respond in depth to the provided questions. **Essay must be typed.**

## General Information:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth(MM/DD/YYYY): \_\_\_\_\_

Graduation Date (MM/DD/YYYY): \_\_\_\_\_ Name of High School: \_\_\_\_\_

Name of School District: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Total number of family members living at home: \_\_\_\_\_ Number of children in family, including yourself: \_\_\_\_\_

Children's ages: \_\_\_\_\_

What college or university do you plan to attend? (First Choice) \_\_\_\_\_

(Second Choice) \_\_\_\_\_

What do you plan to teach? \_\_\_\_\_

\_\_\_\_\_

## Extracurricular Activities:

Organizations and Clubs (show years of involvement and indicate any office held):

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Honors and Awards

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Community or Other Activities

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**Employment:** Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_ What type of work? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Information:

**This page must be completed by the applicant's principal or counselor.**

**I.** In which quarter of the class do you think the student will rank at graduation? \_\_\_\_\_

College entrance examination score: ACT \_\_\_\_\_ (total score)

or

SAT \_\_\_\_\_ (total score)

**II.** Student's cumulative high school grade point average (GPA) excluding spring semester senior year.

\_\_\_\_\_ out of a possible \_\_\_\_\_

**III.** Please list student's classes for terms indicated:

Junior Year	Grade	Senior Year (1 <sup>st</sup> Semester)	Grade

Note any Honors, AP, Dual Credit, etc. classes:

**Signature of Principal or Counselor:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

## **Essay**

**(Please remember this portion of the Scholarship Application must be typed.)**

- 1. Why do you feel you need financial assistance?**

**(Essay continued)**

**(Please remember this portion of the Scholarship Application must be typed.)**

**2. Why is education your career choice?**