

Jim Wright Scholarship

Sponsored by the Mid-Cities Democrats of Tarrant County

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|----------------|------|-------|----------------|-----|
| Your Full Name | Last | First | Middle Initial | SSN |
| | | | | |

Please complete clearly in ink, or type, all portions of the following application for consideration as recipient of the Jim Wright Scholarship. (You may attach other pages if you require more room.) This one-semester, full tuition scholarship (\$1000 total) will be awarded to a full-time student entering or already enrolled at Tarrant Community College.

Send the completed materials to:

Jim Wright Scholarship
Mid-Cities Democrats
PO Box 271
Bedford, TX 76095-0271

Application Deadline
June 1, 2014

Decision Date
June 30, 2014

Selection Criteria

- Potential for continued academic achievement.
- Demonstrated concern for the community—socially or politically
- Leadership initiative.
- Academic achievement as shown by a high school or TCC GPA
- Activities and honors.
- Commitment to take a full-time course load of at least 12 semester hours at any TCC Campus during the semester that the scholarship is received.
- Demonstrated financial need.
- Applicants who have submitted complete applications may be called for personal interviews.

Required attachments

- Updated transcript from your high school and any college if applicable, including TCC
- Typed essay of 300-500 words outlining your educational and career goals
- Two letters of recommendation, an educator and one personal reference who has known you at least two years
- Typed essay of 300-500 words answering one of the following questions:
 1. What can be done to motivate your generation to give back to the community and how would you take an active role to ensure this happens?
 2. About what do you feel passionately and how would you turn that passion into action to improve your community?
 3. What does leadership mean to you? Give an example of how you applied leadership to meet a challenge.

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|--------------------|--------------|---------------------------|------|----------|
| Home address | No. & Street | Apt. # (if applicable) | City | Zip code |
| Or Mailing address | | | | |

| | | | |
|---------------|------|------|------|
| Telephone | Home | Cell | Work |
| Email address | | | |

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|---------------|----------------------------|---------------------------------------|---|--------------------------------------|
| Date of Birth | Citizenship (check one) | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Permanent resident alien | <input type="checkbox"/> Non-citizen |
|---------------|----------------------------|---------------------------------------|---|--------------------------------------|

| | | | | |
|---|-------------|---|----------|---------|
| Marital status (check one) | Single | Married | Divorced | Widowed |
| Dependents | Yes No | If "yes," how many? | Ages: | |
| Your annual income (Based on most recently filed tax return) | | Parents' annual income (Based on most recently filed tax return) | | |

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| Are you the first generation in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you returning to school after an interruption in education of at least three years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you attend class full time (12 or more semester hours)? _____ If not, why? _____ |
| How many credit hours do you intend to take per semester? |
| What is or will be your area(s) of major study? |
| Please list sources and amounts of other financial aid you are receiving for the coming year: 1) 2) |

School Information

| | | | |
|----------------------------|-------------------|---------------|---------------|
| Name of School | Address of School | City/Zip Code | District |
| School contact information | Name of Counselor | Telephone | Email Address |

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|---------------------------------------|------------|------------------------------|-----|----------------|
| Graduation date (or expected date) | Class rank | Total # of students in class | GPA | SAT/ACT scores |
|---------------------------------------|------------|------------------------------|-----|----------------|

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|----------------------------------|--|--|--|
| Honors/Awards and years received | | | |
|----------------------------------|--|--|--|

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|--|-------------------|-------------------|---------------------|-------------------|
| Community service outside of school and years participated | | | | |
| Work experience Provide company's name, address, phone #, job title & hours worked | Current employer | Previous employer | Previous employer | Previous employer |
| Military service If you have served in a branch of the U.S. military, including the Coast Guard, please give details. | Branch of service | Dates of service | Final rank achieved | Other information |

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|---|--|--------|------------|-----|
| If 18 or over are you a registered voter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | County | Precinct # | ISD |
|---|--|--------|------------|-----|

What do you see as your role now and in the future to further the ideals of the Democratic Party?

By signing below I understand . . .

- That the information given above is true and correct to the best of my knowledge.*
- If awarded a scholarship, I release to Mid-Cities Democrats the right to use my name, story and picture for printed and video material reports and press release without additional notification or compensation.*
- That I agree to attend and appear at the July meeting of the Mid-Cities Democrats to be recognized as the scholarship awardee.*
- That this application and supporting documents will be reviewed by the scholarship and executive committees of the Mid-Cities Democrats and upon request by officials of Tarrant County College and will be kept confidential, but that any and all records could be available to the Internal Revenue Service.*
- That I may be required to report a portion of the scholarship monies I receive as taxable income to the Internal Revenue Service.*

Signature of applicant: _____ Date: _____

If under 18, parental signature: _____ Date: _____

(Our organization is dedicated to furthering democratic principles and values in our community.)