

## The Don and Sybil Harrington Scholarship Fund

### The Community Foundation of West Texas

The Community Foundation of West Texas, formerly known as the Lubbock Area Foundation, Inc. is an independent, non-profit, publicly supported, tax-exempt organization whose purpose is to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's mission goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist area students with post-secondary educational expenses. The Foundation is pleased to administer the *Don and Sybil Harrington Scholarship Fund*, which is described below.

### Purpose:

This scholarship is intended for students pursuing a baccalaureate degree with a major in the physical sciences, mathematics or engineering. The annual award will be for an amount of up to a maximum of \$5000.00 renewable for a total of 4 years. Recipients must maintain at least a 3.0 GPA each semester to receive subsequent awards. The Foundation requires a copy of the student's transcript at the end of each semester and the next semester's course schedule.

### Eligibility Requirements:

These are competitive awards with the primary areas of qualifications being:

- ❖ Lubbock County high school senior
- ❖ Student planning to pursue a degree in the physical sciences, math or engineering
- ❖ Financial need may be considered
- ❖ Minimum SAT Combined Score of 1290 or minimum ACT Score of 28
- ❖ High school GPA of 3.5 or higher
- ❖ Academically Motivated

### Selection Process:

- ❖ The Scholarship Advisory Committee will review completed applications and make recommendations to the Community Foundation of West Texas Board of Directors, which will make the final decision on the scholarship awards.
- ❖ Incomplete applications will not be considered.
- ❖ The Selection Committee will be comprised of school counselors and other knowledgeable persons and Community Foundation of West Texas staff.
- ❖ The recipients will be announced by April 25<sup>th</sup>.

### **Scholarship Fund Disbursement:**

- ❖ Scholarships will be awarded based on the availability of funds, and may be used for tuition, fees and required books.
- ❖ Scholarships will be paid to the institution of the recipient's choice, and not directly to the recipient.
- ❖ The amount of the award may cover all, or only a portion of the student's actual cost and all unused funds must be returned to the Community Foundation of West Texas.

### **Application Requirements:**

All scholarship applications must be completed in full and submitted by **March 15th**.

- ❖ Completed Application Form
- ❖ High School Transcript
- ❖ ACT/SAT Scores
- ❖ A One-Page Essay: "What I plan to do with my college education."
- ❖ 2 Letters of Recommendation-(1) from the student's high school faculty or counselor and (1) from a math or science teacher
- ❖ FAFSA-Federal Application for Student Aid
- ❖ First 2 Pages of Parent's or Guardian's Most Recent Tax Return

Applications should be sent to:

**Don and Sybil Harrington Scholarship Fund  
Community Foundation of West Texas  
6102 82<sup>nd</sup> Street 8B  
Lubbock, TX 79424**

**\*Please do not send the first two pages in with your completed application.**

# Don and Sybil Harrington Scholarship

Date to begin school: \_\_\_\_\_

## GENERAL INFORMATION – (Please type or print)

Mr. \_\_\_\_ Miss \_\_\_\_ Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student's Father (if applicable): \_\_\_\_\_  
*(If father is deceased, please indicate)*

Father's Home Address: \_\_\_\_\_

Father's Employment: a) Title: \_\_\_\_\_

b) Name of Employer: \_\_\_\_\_

Name of Student's Mother (if applicable): \_\_\_\_\_  
*(If mother is deceased, please indicate)*

Mother's Home Address: \_\_\_\_\_

Mother's Employment: a) Title: \_\_\_\_\_

b) Name of Employer: \_\_\_\_\_

## EDUCATIONAL PLANNING

College or Universities to which you have applied:

1. \_\_\_\_\_ Accepted: \_\_ Yes \_\_ No Attending: \_\_ Yes \_\_ No

2. \_\_\_\_\_ Accepted: \_\_ Yes \_\_ No Attending: \_\_ Yes \_\_ No

Intended Major: \_\_\_\_\_

What career are you planning to pursue? \_\_\_\_\_

Where do you plan to live during the upcoming academic year? On-Campus \_\_\_\_ Off-Campus \_\_\_\_

With Parents/Family \_\_\_\_ Other (explain) \_\_\_\_\_

Do you expect to work during the academic year (including work study)? Yes \_\_\_\_ No \_\_\_\_

If so, how many hours per week? \_\_\_\_\_ Employer Name: \_\_\_\_\_

EDUCATIONAL BACKGROUND

**Current High School:** \_\_\_\_\_

**Other High Schools Attended:** \_\_\_\_\_

**Current GPA (7 high-school semesters):** \_\_\_\_\_ **Is this a weighted average?** Yes \_\_\_ No \_\_\_

**Class Rank:** \_\_\_\_\_ out of \_\_\_\_\_

**SAT Scores: Total** \_\_\_\_\_ **Reading/Writing** \_\_\_\_\_ **Math** \_\_\_\_\_ **Date Taken:** \_\_\_\_\_

**ACT Composite:** \_\_\_\_\_ **Date Taken:** \_\_\_\_\_

OTHER STUDENT INFORMATION

**Please list any special honors and awards received:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list your extra curricular activities (in and out of school):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT FINANCIAL AID

List all sources of financial aid you are applying for and/or have received notification of award.

<b>Scholarship/Award/Loan/Grant</b>	<b>Amount</b>	<b>Awarded:</b>		
_____	\$ _____	<b>Yes</b> _____	<b>No</b> _____	<b>Pending</b> _____
_____	\$ _____	<b>Yes</b> _____	<b>No</b> _____	<b>Pending</b> _____
_____	\$ _____	<b>Yes</b> _____	<b>No</b> _____	<b>Pending</b> _____
_____	\$ _____	<b>Yes</b> _____	<b>No</b> _____	<b>Pending</b> _____
_____	\$ _____	<b>Yes</b> _____	<b>No</b> _____	<b>Pending</b> _____

**Unusual Financial Circumstances**

If a student and/or his/her family have unusual financial circumstances please explain them below (ex: family member who has recently become unemployed, unusual medical expenses not covered by insurance; any other circumstances that affect income). Attach an additional page if necessary.

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**I hereby certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I give the Community Foundation of West Texas permission to contact any of my teachers, counselors, or educational institutions to gain further information if needed. I understand that the information in this application will be shared with the scholarship selection committee.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Misrepresentation in any statement may be considered reason for cancellation and repayment of scholarship.*

<p><b>How did you hear about our scholarships?</b> <b>School Counselor/Financial Aid Office:</b> _____ <b>Newspaper:</b> _____ <b>Website:</b> _____ <b>Other:</b> _____</p>
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