



A. Anagnostis Merit Scholarship Application

Deadline for completing application: **March 27, 2025**

EMS ISD 8th grade student Scholarship Application Instructions:

This scholarship application is for EMS ISD eight grade students that qualify for the criteria established within the scholarship. One scholarship will be awarded per school year. Upon graduation from EMS ISD, the scholarship will be paid directly to the college/university upon enrollment. The scholarship is \$1,000.

All questions on the application must be answered. Two letters of recommendation completed by current teachers must accompany the application.

Includes an essay that describes why you are applying for the scholarship and why it is important to you to be selected.

Criteria:

- Must be an EMS ISD 8th grader
- Must be in the top 10% of class
- Involved in school activities
- Show a high work ethic
- Show evidence of desire for future education through class selection and desire to learn
- Include two letters of recommendations for current teachers

Guidelines and useful suggestions:

1. The student application is due in the guidance counselor's office no later than March 27, 2025 by 3:00p.m.
2. The application must be typed. Hand-written applications will not be accepted. The scholarship application is available to download at: <https://www.emsef.org/for-students/>
3. All questions must be answered. Only these forms can be used to record information for this scholarship. Please use only the space provided on the application to respond to each question. Do not attach resumes or extra sheets with additional information.
4. **Do not include your name or the name of any family member** in any of the answers. The only place your name should be is on the cover page and the last sheet of this application where parent signature is required.
5. Incomplete applications will not be considered.

Student ID #: _____

EMS ISD ANAGNOSTIS SCHOLARSHIP APPLICATION COVER PAGE

STUDENT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

ANTICIPATED GRADUATION DATE: _____

STUDENT ID NUMBER: _____

Return this form to the Counseling Department by 3:00 p.m. on March 27, 2025.

----- Cut Here -----

Staple to front of one teacher recommendation

Teacher Recommendation Form for: _____

Student Name

Student ID Number

Student must complete this slip before stapling it to recommendation form and giving to the teacher of choice.
Due to the Counseling Department by March 27, 2025.

----- Cut Here -----

Staple to front of one teacher recommendation

Teacher Recommendation Form for: _____

Student Name

Student ID Number

Student must complete this slip before stapling it to recommendation form and giving to the teacher of choice.
Due to the Counseling Department by March 27, 2025.

Student ID #: _____

EMS ISD ANAGNOSTIS SCHOLARSHIP APPLICATION

Applicants are urged to complete this form as accurately and concisely as possible and to be prepared to supply additional information upon request. Grammatical usage and neatness are important. Application must be typed. This student application, and the cover sheet must be returned to the Counseling Department by March 3, 2025 to be considered.

Student ID: _____ Male Female Do Not wish to answer

Birth Date: _____

Which college/junior college do you plan (or wish) to attend at this time? _____
What is your intended major? _____

Please list all Elementary Schools you have attended IN THIS DISTRICT:

FAMILY INFORMATION:

PRIMARY RESIDENCE / LIVING WITH (check one and list occupations):

- Father and Mother Occupation(s): _____
- Father and Stepmother Occupation(s): _____
- Mother and Stepfather Occupation(s): _____
- Father or Mother Only Occupation: _____
- Guardian(s) Occupation(s): _____

Do either of your parents/guardians work for the EMS ISD? Yes No If yes, please
list their occupation and location: _____

How many brothers and/or sisters do you have? _____ Their ages: _____

Student ID #: _____

GROSS YEARLY FAMILY INCOME – (estimated)

Please check one:

- \$0 - \$25,000
- \$26,000 - \$40,000
- \$41,000 - \$55,000
- \$56,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000 - \$150,000
- Over \$150,000

Describe your family's financial condition as it pertains to your anticipated college expenses, this may include the number of family members your parents support.

RESPONSE:

Volunteer/Community service activities

List all extra-curricular activities in which you have been involved

Activity	Where	Dates	Hour

Student ID #: _____

Leadership – list leadership activities (school, church, PTO, community)

Activity/Title	Where	Hours Per Week	Dates from:	Dates to:

1. List awards, honors, or special recognitions you have received from the school and/or community.

RESPONSE:

2. Many “life lessons” are being taught in middle school. Please choose one lesson you have learned from and explain how this may influence you in your future. (300 word limit)

RESPONSE:

Student ID #: _____

3. Give specific reasons why you are applying for this scholarship? (300 word limit)

RESPONSE:

Student ID #: _____

Eagle Mountain – Saginaw ISD Student Scholarship Application

I also understand that submission of this application carries with it approval for the Eagle Mountain-Saginaw Independent School District to release any appropriate information pertaining to the applicant's school records.

Name of Applicant

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

GPA	CLASS RANK

Student ID #: _____

EMS ISD Student Scholarship TEACHER RECOMMENDATION FORM

Student ID Number: _____

It is my pleasure to recommend this student for scholarship consideration.
My impression of this individual is indicated below.

Outstanding = 3 Average = 2 Below Average = 1 Unable to rate = 0

1. Demonstrates high standards of honesty and reliability.
2. Promptly meets responsibilities. _____
3. Demonstrates desirable qualities such as neatness, poise, and stability. _____
4. Upholds principles of morality and ethics. _____
5. Cooperates fully with all school rules. _____
6. Demonstrates refinement and good taste. _____
7. Demonstrates originality. _____
8. Takes constructive lead in classroom activities. _____

*Additional comments (or attach a separate page if you wish):
Do not use the student's name in your comments.*

TEACHER: RETURN TO THE COUNSELING DEPARTMENT BY March 27, 2025

Teacher Printed Name: _____

Teacher Signature: _____ Date: _____

Subject Taught: _____

Student ID #: _____

EMS ISD Student Scholarship TEACHER RECOMMENDATION FORM

Student ID Number: _____

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TEACHER: RETURN TO THE COUNSELING DEPARTMENT BY March 27, 2025

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