



Thank you for your interest in the AP Booster Club Scholarship for graduating seniors of 2021. Ten scholarships of \$500 each will be awarded this year. To qualify for a scholarship, applicants are required to have completed at least one Honors, Pre-AP, or AP course while attending CISD schools. Applicants must also be current, paid members of the AP Booster Club. If you are not sure that your family joined the AP Booster Club, please contact Mysti Allen (mallen129@msn.com) before completing the application.

The application process involves providing application information and submitting an essay. Before you turn in your application, please make sure you have included everything on the checklist below. **All completed applications must be emailed to Mysti Allen at mallen129@msn.com by 6:00 p.m. on Tuesday, March 30, 2021.** Incomplete or late applications will not be considered.

Scholarship winners will be selected by the AP Booster Club scholarship committee. This one-time scholarship will be paid directly to the college/university bursar's office upon written verification of enrollment. All scholarship recipients must be enrolled as full-time students. Winners will be announced in May.

AP Booster Club Scholarship Application Packet Checklist

___ Completed Application Information Form

___ Signed Authorization and Publicity Consent Form

___ Typed, one-page essay (500-550 words) addressing the prompt below.

****Be sure your name is NOT on your essay, as all essays will be scored blindly. ****

2020-2021 has forced students to change and adapt more than ever before. Write an essay describing how this revolutionary year sparked your motivation, resiliency, and development. Provide examples and details about your personal growth, specifically in your AP/Honors course(s), during this unprecedented year.



Southlake Carroll

AP BOOSTER CLUB

AP Booster Club Scholarship Application Information Form

Name of Applicant _____

Student Mailing Address _____

Student Email Address _____

Student Phone Number _____

College/University you plan to attend _____

Expected date of college enrollment _____

Anticipated field of study _____

Parent/Guardian Names _____

Parent/Guardian Phone Number _____



Authorization and Publicity Consent Form

If selected as a recipient of an AP Booster Club scholarship, I give my consent to the Carroll AP Booster Scholarship Committee for the following (please check all that apply):

- Include my/my student's name on the CISD district website.
- Include my/my student's name in local publications.
- Include my/my student's name on the AP Booster Club website/newsletter.

Applicant Name _____

Applicant Email _____

Applicant Address _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is under 18 years of age)