

Northside Independent School District Council of PTAs
Jack C. Jordan Scholarship Committee
c/o NISD Guidance Department
5651 Grissom Road
San Antonio, Texas 78238

Dear Seniors and Parents:

The NISD Council of PTAs awards scholarships each year to outstanding seniors from each NISD high school. The scholarship fund is named after Jack C. Jordan who served this district for 35 years including as Superintendent from 1982 to 1993.

In order to be considered for a Jack C. Jordan Scholarship, a student must file the application according to the procedures outlined in the application packet. Applications are available in the high school counselors' offices beginning in mid-January; completed applications are due in the counselors' offices by Monday, February 6, 2017. Finalists will be interviewed by the Scholarship Committee in April. One recipient and an alternate will be selected from each NISD high school that has a PTSA unit. Recipients will be introduced at the Council PTA meeting on May 4, 2017.

The criteria for receiving a Jack C. Jordan Scholarship are:

1. Be a graduate of a NISD high school
2. Attend a regionally accredited two/three/four-year college or university
3. Exhibit behavior consistent with the NISD Pillars of Character
4. Need financial assistance
5. Have a scholastic record satisfactory to the Scholarship Committee
6. **Student** must be a member of their school's local PTSA

The monetary value of the scholarship is \$2,400 disbursed over the student's desired degree program not to exceed four years. An annual payment of \$600 is paid in two installments of \$300 each semester. Checks are made payable to and mailed directly to the college or university attended. Continuance of the scholarship for the second, third, and fourth years of college is at the discretion of the Scholarship Committee and is contingent upon the recipient being responsible for the following:

1. Taking at least 12 course hours each semester
2. Maintaining at least a 2.0 GPA each semester
3. Maintaining continuous enrollment in the Fall and Spring semesters
4. Submitting an official transcript of grades each semester within 14 days of receiving grades

For questions about this scholarship, please contact your school counselor or high school career center.

Signature on File

Michelle Montemayor, President
NISD Council of PTAs

Signature on File

Jennifer Marg, Chairperson
Jack C. Jordan Scholarship Committee
NISD Council of PTAs

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APPLICATION INSTRUCTIONS

TO THE STUDENT:

Please read and fill out the attached forms carefully and completely. All information will be held in the strictest confidence. The information requested is similar to that requested by the Minnie Stevens Piper Foundation and the Financial Needs Analysis. There are three recommendation forms to be completed by school staff members.

In addition, you need two adults who are **NOT** relatives, current teachers, or assigned counselors to each submit a letter that reviews your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility, as well as any other information they wish to provide. The adults should include how long they have known you and in what capacity.

Your Personal Narrative, explaining why this committee should select you, needs to include a discussion of plans for the future, hopes, ambitions, and reasons for the choice of a particular college and field of study. If there are unusual circumstances in your family, please explain and discuss. Please *do not* repeat school achievements that should be listed on page 3 of the Application Form unless a particular activity is a major part of your life. Suggested length of Personal Narrative is 200-400 words. **PLEASE CONCENTRATE ON ACADEMICS AND FUTURE PLANS.** (You may use the same narrative that you filed with the Minnie Stevens Piper Foundation.)

**Complete application packet must be returned to your high school counselor no later than
Monday, February 6, 2017.**

NOTE TO COUNSELORS: Please check that all items listed below are enclosed.

Application Form (incl pg 3 w/signatures) _____

PTSA Membership Verification _____

Financial Information _____

Transcript _____

Recommendation Forms:

Teacher _____ Teacher _____ Counselor _____

Recommendation Letters: (Other Adults) (1) _____ (2) _____

Personal Narrative _____

NISD Council of PTAs appreciates the Minnie Stevens Piper Foundation for permitting the adaptation of its forms.

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College or university you wish to attend:

1st
Choice _____
Name City State

Have you been accepted? ___ Yes ___ No

2nd
Choice _____
Name City State

Have you been accepted? ___ Yes ___ No

3rd
Choice _____
Name City State

Have you been accepted? ___ Yes ___ No

Intended major _____ Intended career _____

Do you have educational plans beyond four years of college? _____

If so, please explain. _____

Employment Record: (Present and/or Previous)

Employer _____

Dates: From _____ to _____

Employer _____

Dates: From _____ to _____

Employer _____

Dates: From _____ to _____

Employer _____

Dates: From _____ to _____

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SCHOOL ACHIEVEMENTS

On a separate page, please list your school achievements by grade (9th gr, 10th gr, 11th gr, 12th gr). Include clubs, athletics, awards, and any offices held in each.

ACTIVITIES AND AWARDS OUTSIDE OF SCHOOL

On a separate page, please list your activities and awards outside of school by year. Include church, scouts, community service, and any offices held in each.

PTSA MEMBERSHIP

Applicant must be a member of their school's local PTSA. Please include a copy of your current membership card or a letter signed by a current PTSA board member verifying that you are a current member.

Student Signature Required Date

Parent/Guardian Signature Required Date

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FINANCIAL INFORMATION

All information will be held in strictest confidence.

Applicant's parent/guardian should provide assistance in completing the Financial Information. Your answers should be taken from the **2016-17** Free Application for Federal Student Aid (FAFSA).

Please provide the following information for the individual(s) who will be contributing to the financial assistance of your college education:

1. 2016 income earned:

Father: \$ _____ Mother: \$ _____
 Stepfather: \$ _____ Stepmother: \$ _____
 Student: \$ _____ Other, if applicable: \$ _____

2. 2016 other sources of finances and amounts (include Texas Tomorrow Fund, retirement benefits, Social Security, etc.):

Recipient	Amount	Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

3. Number of eligible dependents* in family _____ **Ages** _____
 (including applicant)

Number of eligible dependents* living in the household currently attending college other than applicant:

Dependent Relationship (i.e. mother, brother, etc.)	Attendance Status (Full-Time (FT)/Part-Time (PT))	Receiving Financial Aid (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*as defined by the IRS at www.irs.gov

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4. Amount of expected 2017 income and benefits:

Father: \$ _____ Mother: \$ _____
 Stepfather: \$ _____ Stepmother: \$ _____
 Student: \$ _____ Other, if applicable: \$ _____

5. Will the applicant be receiving Veteran Educational Benefits for college? _____

If so, the amount: \$ _____

6. Amount saved to date in applicant's bank and/or trust account(s), if applicable. \$ _____

7. Explain any unusual expenses/extenuating circumstances. _____

8. What other scholarships or financial aid have you applied for? Amt Offered Amt Accepted
 (Add additional page(s) if necessary.)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the Scholarship Committee, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my 2016 U.S. Income Tax Return. I also realize that if I do not give proof when asked, the student will not receive aid.

 Student Signature Required

 Date

 Parent/Guardian Signature Required

 Date

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TEACHER'S CONFIDENTIAL RECOMMENDATIONS

 Student's Name (please print)

 Campus

TO THE TEACHERS WHO GIVE STUDENT RECOMMENDATIONS: Any endorsement of a student should show qualifications pertinent to the preferred area of study. Any special qualities that are outstanding in the student, such as courtesy, kindness, the ability to interact with people, etc., should also be noted. Cite your personal experiences with the student.

Please rate the personal characteristics of this student by a check in the appropriate columns, 3 being Superior.

TRUSTWORTHINESS	1	2	3
RESPECT (DILIGENT, CONSCIENTIOUS)	1	2	3
RESPONSIBILITY (DEPENDABLE)	1	2	3
FAIRNESS (EQUITABLE, REASONABLE)	1	2	3
CARING (CONSIDERATE OF OTHERS)	1	2	3
CITIZENSHIP (COOPERATIVE, TEAM PLAYER, AND PUBLIC SPIRITED)	1	2	3

Provide comments on how this student demonstrates the scores given. Attach an additional sheet if necessary.

 Teacher's Name (please print)

 Subject Taught

 Teacher's Signature

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CARING (CONSIDERATE OF OTHERS)	1	2	3
CITIZENSHIP (COOPERATIVE, TEAM PLAYER, AND PUBLIC SPIRITED)	1	2	3

Provide comments on how this student demonstrates the scores given. Attach an additional sheet if necessary.

 Teacher's Name (please print)

 Subject Taught

 Teacher's Signature

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COUNSELOR'S CONFIDENTIAL RECOMMENDATIONS

 Student's Name (please print)

 Campus

TO THE COUNSELORS WHO GIVE STUDENT RECOMMENDATIONS: Any endorsement of a student should show qualifications pertinent to the preferred area of study. Any special qualities that are outstanding in the student, such as courtesy, kindness, the ability to interact with people, etc., should also be noted. Cite your personal experiences with the student.

Please rate the personal characteristics of this student by a check in the appropriate columns, 3 being Superior.

TRUSTWORTHINESS	1	2	3
RESPECT (DILIGENT, CONSCIENTIOUS)	1	2	3
RESPONSIBILITY (DEPENDABLE)	1	2	3
FAIRNESS (EQUITABLE, REASONABLE)	1	2	3
CARING (CONSIDERATE OF OTHERS)	1	2	3
CITIZENSHIP (COOPERATIVE, TEAM PLAYER, AND PUBLIC SPIRITED)	1	2	3

Provide comments on how this student demonstrates the scores given. Attach an additional sheet if necessary.

 Counselor's Name (please print)

 How long have you known student?

 Counselor's Signature

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ADULT/COMMUNITY RECOMMENDATIONS

Please have two adults who are **NOT** relatives, current teachers, or assigned counselors each submit a letter that reviews your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility, as well as any other information they wish to provide. The adults should include how long they have known you and in what capacity.

PERSONAL NARRATIVE

Please submit a personally written letter stating why you believe the Scholarship Committee should select you for this scholarship. Your letter should include a discussion of plans for the future, hopes, ambitions, and reasons for the choice of a particular college and field of study. If there are unusual circumstances in your family, please explain and discuss. Do not repeat your listing of school achievements unless a particular activity is a major part of your life. Please concentrate on academics and future plans. Suggested length is 200-400 words.