

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE

An Activity of

MINNIE STEVENS PIPER FOUNDATION

1250 NE Loop 410, Suite 810

San Antonio, Texas 78209-1539

Phone:(210) 525-8494 Fax:(210) 341-6627 Email: tbinkley@mspf.org

STUDENT APPLICATION FOR: AFFCU SCHOLARSHIP

DEADLINE: 4:00 P.M. NOVEMBER 4, 2022

This application is specific to AFFCU and CANNOT be used for other BCSCS Scholarships.

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. This saves time for students, plus aids the sponsoring organization in their selection process. **The deadline is 4:00 p.m., Friday, NOVEMBER 4, 2022.**

Submitting a scholarship application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, including the financial aid office at the college or university of your choice.

Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

- Remember deadlines: You will be given a specific school deadline to submit your application and all associated documents to your counselor, who will be responsible for meeting the Clearing House deadline above.
- Do not leave any blanks: For example, do not skip the financial information section. It is used to determine eligibility if you apply for a scholarship based on financial need. It is also used to determine eligibility if you apply for scholarships that are NOT based on need, so either way, this section is very important.
- Don't be shy about your school accomplishments and community activities. Be proud of all you've done!
- The Letter of Recommendation needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- Declare a degree or major: It is better to at least select an area of interest rather than choose "Undecided".
- SAT and/or ACT scores: exam scores are required, unless Test Optional policy applies
- A Personal Narrative or Autobiography is required; limited to 200-400 words, typed. Remember to edit and use spell check. A well-written submission is often the deciding factor among highly ranked candidates. Within your essay, include a description of your educational and career goals, choice of college and if/how a specific person, event or situation impacted your decision. Print your name at the top and sign at the bottom.
- For this scholarship, you must complete the Verification of Eligibility section on page 3 of the application.

NOTE: If you are chosen as an award recipient of any scholarship program, the sponsoring organization will contact you directly. BCSCS is not responsible for notifying scholarship winners.

TO THE COUNSELOR

To ensure accurate and timely processing of information please submit ALL documents for each student as an individual packet secured with a paperclip (no staples, please). DO NOT copy as a 2-sided document, write on the back, or place into folders. Students may include a personal resume highlighting activities. A complete packet for each individual student will consist of the following:

CHECKLIST:

- Application (pages 1-3)
- Transcript of completed courses
- Transcript of pending senior year courses
- Test Scores: ACT or SAT I (may be included on transcript or printed from CollegeBoard.org)
- Evaluation from Counselor
- Evaluation from English Teacher
- Evaluation from Other Teacher
- Verification of Eligibility (on page 3)
- Personal Narrative (200-400 words, typed or hand printed)
- Adult Recommendation (adult, non-relative)
- Advanced Placement (AP) exam scores, if applicable
- Signatures of both Student and Parent or Legal Guardian (on page 3)
- Student Name printed on all pages submitted with application
- Additional essays, recommendations or documents if requested by scholarship organization



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2022-2023 APPLICATION FOR AFFCU SCHOLARSHIP ONLY

S T U D E N T I N F O R M A T I O N

Mr. ___/Miss ___ First Middle Last Last 4 digits of SSN # _____

Address _____
 Number & Street City State Zip Code

Primary Phone: _____ Alternate Phone: _____ Email: _____

High School you now attend: _____ Previous School: _____

Age ___ Date of Birth _____ Are you a U.S. Citizen? ___ or Permanent Resident? ___

P A R E N T A L I N F O R M A T I O N (or legal guardian)

Father's Name: _____ Age _____
 email: _____

Home Address _____ Home # _____
 Number & Street City State Zip Code Work # _____

Father's Employer: _____ Job Title _____
 Company Name City/State

Mother's Name: _____ Age _____
 email: _____

Home address _____ Home # _____
 Number & Street City State Zip Code Work # _____

Mother's Employer: _____ Job Title _____
 Company Name City/State

IF APPLICABLE, stepfather's name and employer _____

IF APPLICABLE, stepmother's name and employer: _____

Parents are: Married ___ Divorced ___ Separated ___ Remarried ___ Widowed ___

If parent(s) is(are) deceased, please check: Father ___ Mother ___

Number of immediate family members residing in your home (INCLUDE parents and yourself): _____

List ages of all family members currently residing in your home: _____

F I N A N C I A L I N F O R M A T I O N:

2021 Annual gross income of family: _____

Amount indicated should include the 2021 reported income for parent(s) or legal guardian with whom you reside and any income earned yourself.	1. Under \$15,000 _____	6. \$65,000- 84,999 _____
	2. \$15,000-24,999 _____	7. 85,000-119,999 _____
	3. 25,000-34,999 _____	8. 120,000-149,999 _____
	4. 35,000-49,999 _____	9. 150,000-199,999 _____
	5. 50,000-64,999 _____	10. 200,000-249,999 _____
		11. 250,000 and up _____

Who will be responsible for financing your college education? _____

Will you be receiving Veterans Educational Benefits for college? _____

NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME TO ESTABLISH FINANCIAL NEED.

E T H N I C I T Y / H E R I T A G E

This information is optional; however, it is used to establish your eligibility for certain scholarships that are based on ethnic/national origins.

Which of the following categories best describes you? (choose one or more)

- | | |
|--|-------------------------------|
| _____ 1-American Indian or Alaskan native | _____ 6-Italian American |
| _____ 2-Asian American or Pacific Islander | _____ 7-Puerto Rican |
| _____ 3-Black or African American | _____ 8-Hungarian |
| _____ 4-White or Caucasian | _____ 9-Other (specify _____) |
| _____ 5-Hispanic | |

V E R I F I C A T I O N O F E L I G I B I L I T Y

The student applying for this scholarship is required to provide verification of eligibility (or membership), and must provide the requested information below. Applicant must be a member in good standing or a dependent of a member in good standing of AFFCU.

Name of Scholarship: AFFCU SCHOLARSHIP (AIR FORCE FEDERAL CREDIT UNION)

Full Name and Relationship of person whom eligibility is based for this scholarship: (If the student has the membership, just write "self" and include account #)

_____	_____	_____	_____
First	Middle	Last	Relationship to Student

Member's Account #: _____ - OR - Last 4 digits of member's SSN #: _____

S T U D E N T / P A R E N T (or legal guardian)
A C K N O W L E D G E M E N T

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

_____	_____	_____	_____
Student (signature required)	Date	Parent or legal guardian (signature required)	Date

	CODES FOR PROGRAMS OF STUDY 2022-2023	
0100-Other:		2600-NATURAL SCIENCES, general
	1800-FINE ARTS, general	2601 Astronomy
1000-AGRICULTURE, general	1801 Art	2602 Biology
1001 Animal Science	1802 Art History	2603 Botany
1002 Forestry	1803 Dance	2604 Chemistry
1003 Horticulture	1804 Dramatic Arts	2605 Earth Sciences
1004 Wildlife Management	1085 Music	2606 Environmental Science
	1806 Music History	2607 Geography
1100-ARCHITECTURE, general	1807 Oratory (speech/debate)	2608 Geology
1110 Landscape		2609 Oceanography
	1900-HOME ECONOMICS, general	2610 Physics
1200-BUSINESS, general	1901 Fashion Design	2611 Zoology
1201 Accounting	1902 Fashion Merchandising	2612 Meteorology
1202 Banking	1903 Interior Design	
1203 Economics		2800-NUTRITION, general
1204 Finance	2000-LANGUAGES, general	2801 Dietetics
1205 Insurance	2001 French	
1206 Management	2002 German	2900-PHILOSOPHY, general
1207 Marketing	2003 Italian	2901 Religion
1208 Human Resources	2004 Japanese	
	2005 Latin	3000-PRE-PROFESSIONAL PROGRAMS
1300-COMMUNICATIONS, general	2006 Spanish	3001 Pre-Dentistry
1301 Advertising	2007 Other:	3002 Pre-Law
1302 Journalism		3003 Pre-Medicine
1303 Photography	2100-LAW ENFORCEMENT, general	3004 Pre-Veterinary Medicine
1304 Public Relations	2101 Computer Forensics	
1305 Radio-TV-Film	2102 Criminal Justice	3100-SOCIAL SCIENCES, general
	2103 Forensic Science	3101 Anthropology
1400-COMPUTER SCIENCE, general		3102 Archaeology
1401 Programming	2200-MATHEMATICS, general	3103 History
1402 System Analysis		3104 International Relations
1403 Cyber Security	2300-MEDICAL FIELDS, general	3105 Political Science
	2301 Biomedical Technician	3106 Psychology
1500-EDUCATION, general	2302 Chiropractic	3107 Social Work
1501 Elementary Education	2303 Dental Assisting	3108 Sociology
1502 Secondary Education	2304 Dental Hygiene	
1503 Health Education	2305 Emergency Medical Tech	3200-TRADE/VOCATIONAL FIELDS
1504 Physical Education	2306 Medical Assistant	3201 Aeronautical/Aviation
1505 Special Education	2307 Medical Technician	3202 Air Cond./Heating Tech
	2308 Mental Health Technician	3203 Airline/Travel careers
1600-ENGINEERING, general	2309 Nursing, general	3204 Auto Mechanics
1601 Aerospace Engineering	2310 Occupational Therapy	3205 Business Technology
1602 Biomedical Engineering	2311 Optometry	3206 Carpentry/Construction
1602 Chemical Engineering	2312 Pharmacy	3207 Cosmetology
1603 Civil Engineering	2313 Physical Therapy	3208 Culinary Arts
1604 Electrical Engineering	2314 Physician Assistant	3209 Drafting
1605 Electronic Engineering	2315 Public Health	3210 Electronics
1606 Industrial Engineering	2316 Radiology	3211 Graphic Arts
1607 Mechanical Engineering	2317 Sports Medicine	3212 Hotel/Food Service Mgmt
1608 Nuclear Engineering	2318 Surgical Technology	3213 Industrial Arts
1609 Petroleum Engineering	2319 Respiratory Therapy	3214 Machine-Working
1610 Structural Engineering	2320 Speech Therapy	3215 Masonry
		3216 Metal-Working
1700-ENGLISH, general	2500-MORTUARY SCIENCE, general	3217 Plumbing
1701 Classics		3219 Real Estate
1702 Creative Writing		3220 Secretarial
1703 Linguistics		3221 Welding
1704 Literature		

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to express your positive observations of the student. This section is important in our assessment.

Student's Name _____ High School _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	GOOD	VERY GOOD	EXCELLENT	UNKNOWN
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

Evaluator: _____ Title/Department: _____
(print first and last name)

Signature: _____ Email: _____

****SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET - DO NOT MAIL SEPARATELY****

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