SALADO LADIES COMMUNITY LEAGUE SCHOLARSHIP APPLICATION 2025

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Personal Information		
Name		
Address		
Email Address		
Telephone	DOB	
Father's Name:	Employer:	
Mother's Name:	Employer:	
Family Income: (Please circle) (Under \$30,000) (\$35,000–\$80,000) (\$85,000-\$11	0,000) (\$110,000-\$150,000) (Over \$150,000)	
How many family members reside in your home?		
How many immediate family members will be enro	lled in college and/or Vocational/Technical School in	
2025 - 2026?		
College/University School you plan to attend:		
Planned Course of Study:	LIFICATIONS	
Salado High School Senior of good standing.		
2. Scholastic Record of not less than 2.5 GPA		
SCHOLARSHIP APPLICA	ATION REQUIREMENTS	
Completed application		
Official School Transcripts (including SAT /	ACT scores)	
Essay: Using the following topics for your efollowing two:	essay, write at least one paragraph on each of the	

- 1. What has living in Salado meant to you? (on separate page)
- 2. What is the most important thing you will carry away from your experience as a Salado school graduate? (on separate page)

Please submit three letters of recommendation (These letters may not be e-mailed from the person recommending you but personally written and signed.)

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List of activities and honors

ACTIVITIES AND HONORS

School Activities:		
School Offices Held:		
Special Honors and Recognition:		
Community and Volunteer Activities:		
	at would be helpful to the selection committee (such as	
	d a meeting of the Salado Ladies Community League in	
APPLICATION DEADLINE IS April 18, 2025	All applications must be postmarked by th date.	<u>is</u>
Please return complete application to;		
Salado Ladies Community League- Attn: Tr	rish Weigand	
15066 Armstrong Estates Rd, Salado, TX 765	571	
I certify that the information provided in the schola	arship application is accurate and complete.	
Scholarship Applicant's Signature:		
Date:		