

## 2021 Scholarship Application

Return Completed Form by April 16, 2021



Three scholarship categories are available. Complete the following application to be considered for these scholarship awards. Scholarship awards are given annually based on merit and financial need to high school students pursuing higher education at four-year institutions. Only African American female students attending high school in the City of Galveston Texas are eligible to apply for the scholarships. Immediate relatives of foundation members are not eligible. All scholarships are funded by Ivy Isle Foundation of Texas, the 501(C)(3) nonprofit serving Galveston, Texas since 2015.

### **HBCU Scholarship**

For students attending Historically Black College and University (HBCU).

### **Foundation Scholarship**

For students attending any four-year university in the state of Texas with a minimum 2.5 GPA on a 4.0 scale.

### **Annie Marie Simmons Memorial Scholarship**

For students attending any four-year university in the state of Texas with a minimum 3.0 GPA on a 4.0 scale. Immediate relatives of the Simmons Family are not eligible for this scholarship.

Please use the checklist below to be sure that your application is complete.

**Only completed application post-marked by April 16, 2021 will be considered.**

	Completed application form.
	Both student and parent/guardian signatures in part 3.
	Signed photo release consent form.
	Original high school transcript must issued by the school and bearing a raised school seal.
	Copies of SAT or ACT result documents.
	Three letters of recommendation submitted by persons other than relatives.
	Copies of acceptance letters if available.

*Mail completed application to:*

**Ivy Isle Foundation  
PO Box 3131  
Galveston, Texas 77552**

Email questions to [ivy.isle.foundation@gmail.com](mailto:ivy.isle.foundation@gmail.com)



**PART 2 – High School Information**

Current High School \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Other High Schools attended in last 4 years \_\_\_\_\_

\_\_\_\_\_

High School Counselor's Name \_\_\_\_\_

\_\_\_\_\_

Email

Phone

Total in Graduation Class

--

Current Class Rank

--

Grade Point Average

--

SAT Score

--

ACT Score

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Clubs, athletics and organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors, awards and offices held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3 – Additional Information**

List all volunteer and community service involvement.

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If currently employed, state where and how long employed.

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Do you plan to work while in college? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a dependent on parent's income tax? Yes \_\_\_\_\_ No \_\_\_\_\_

Major field of study in college \_\_\_\_\_

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<i>List colleges/universities you applied</i>	<i>Indicate status; Applied or Accepted</i>

**I verify that all information on this application is accurate. I attend school in Galveston, Texas and am not an immediate relative of Ivy Isle Foundation members. I understand all information will be considered confidential and that completing this form does not indicate that I have been selected for a scholarship.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PART 4 – Personal Statements**

- *How would you describe yourself?*

- *Where do you see yourself in ten years?*

*Alpha Kappa Alpha Sorority Incorporated  
Beta Phi Omega Chapter  
and  
Ivy Isle Foundation of Texas*

**Photo Release Consent Form**

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_

I hereby consent to participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the Student named above.

I also grant the right to edit, use and reuse said products in print, on the internet, and all other forms of media, whether electronic, print or digital and whether now known or hereafter existing.

I also hereby release Beta Phi Omega Chapter and Ivy Isle Foundation of Texas members from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Student (if student is 18 or over):

\_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_

**MUST RETURN THIS SIGNED FORM WITH SCHOLARSHIP APPLICATION.**