



# Stepping Stone SCHOOL

# “Make a Difference” Scholarship Application

**Applicant Type:** \_\_\_\_\_ First-time Applicant  
\_\_\_\_\_ Renewal Applicant

**Term:** \_\_\_\_\_ Fall  
\_\_\_\_\_ Spring

**Stepping Stone School’s “Make a Difference” Scholarship** may be applied to financial expenses resulting from any College, University, or Education Program; may be used to pay off Student Loans; and may be given to a family member. This Scholarship may be applied to financial expenses resulting from any educational opportunity, including GED coursework, Certificate Programs, Undergraduate and Graduate School, Distance Learning, Home-Based Study, Continuing Education and Career Training. You must be at least 13 years of age and a US resident to apply. *(\*Please complete all information below. Please print clearly or type.)*

## PERSONAL INFORMATION:

**Name:** \_\_\_\_\_  
Last First Middle

**Social Security Number:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Number Street City State Zip

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Work/Cell Telephone:** (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

**Stepping Stone School Attended:** \_\_\_\_\_ **Years:** \_\_\_\_\_

**Citizenship Status:** \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ \*Eligible Non-Citizen  
*(\*Must provide copy of Alien Registration Card: I-151 or I-551)*

## FAMILY INFORMATION:

**Dependents (if any):** \_\_\_\_\_

**Siblings (if any):** \_\_\_\_\_

**Mother’s Name:** \_\_\_\_\_ **Father’s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**EDUCATION (Please attach transcripts from all institutions):**

\_\_\_\_\_ Incoming Freshmen    H.S. Attended: \_\_\_\_\_ G.P.A.: \_\_\_\_\_  
\_\_\_\_\_ Transfer Student    Transfer Inst.: \_\_\_\_\_ G.P.A.: \_\_\_\_\_  
\_\_\_\_\_ Current Student    College: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

What type of degree or certificate are you pursuing? \_\_\_\_\_

Total College Hours Earned to Date: \_\_\_\_\_

Anticipated Graduation/Transfer Date from this college: \_\_\_\_\_

If selected for a scholarship, how many semesters do you plan to attend a college campus? (Please indicate full-time or part-time enrollment.) \_\_\_\_\_

The **Stepping Stone School “Make a Difference” Scholarship** is awarded based on a student’s Grade Point Average (GPA); financial need; and personal qualifications including community involvement, extracurricular activities, work experience, community service, family responsibilities, etc. Minimum eligible G.P.A. requirement is 2.0 (on a 4.0 scale).

Are you receiving any other scholarship, external aid, or financial aid?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please specify type of award and amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other scholarship(s) for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS:**

*(Please attach additional sheets as needed with your name and social security number in the top right corner.)*

- I. What awards, or recognitions have you received? List those achievements specifically related to your area of academic interest.



**CERTIFICATION:**

I certify that all the information included in this application is true and complete. I hereby grant permission to the Stepping Stone School Office of Student Financial Services Board to verify such information and to release information to the donor or potential donor of any scholarship for which I may be eligible.

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*Signature*

*Date*

Please return this completed application to Stepping Stone School’s Administrative Office or mail to:

Stepping Stone School  
c/o “Make a Difference” Scholarship  
Office of Student Financial Services Scholarship Program  
1910 Justin Lane  
Austin, Texas 78757

**APPLICATION DEADLINES**

**Priority: Fall Semester – June 2**  
**Spring Semester – Nov. 3**

**Final: Fall Semester - July 1**  
**Spring Semester – Dec. 1**

*Stepping Stone Schools, including its affiliates, does not discriminate on the basis of race, color, age, gender, nationality, religion, or disability with respect to access, employment programs, or services. Inquiries or complaints concerning these matters should be brought to the attention of: EEO/Director of Human Resources. Address: Human Resources Department, 1910 Justin Lane, Austin, Texas 78757*



# “Make A Difference” Scholarship RECOMMENDATION FORM

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
*Last First M.I.*

**Home Address:** \_\_\_\_\_  
*Number & Street City State Zip*

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate Telephone:** (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Area Code Number*

## INSTRUCTIONS:

**To The Applicant:** Once you have completed the information above and signed the appropriate statement below, you should provide this page and the following page (Recommender’s Evaluation) to each of your recommenders. Please consider asking a teacher or professor (who has instructed you in an academic subject for at least one semester during your high school senior year or in a college-level course), a guidance counselor, an employer, a clergy member, or a non-family member for a reference.

**To The Recommender:** Please complete the evaluation portion of this form (page two) only after the student has signed the appropriate option below. Please attach any additional information you wish to be considered.

**Please Note:** Pursuant to the Family Education and Privacy Act of 1974, the following options are open to you. Please sign one of the following statements before asking your reference to complete this form.

### OPTION I: I waive the right to see this evaluation form after it is completed.

Applicant’s Signature (and date) \_\_\_\_\_

Parent’s Signature\* (and date) \_\_\_\_\_

*(\*for applicants who are under 18)*

### OPTION II: I reserve the right to see this evaluation form after it is completed.

Applicant’s Signature (and date) \_\_\_\_\_

Parent’s Signature\* (and date) \_\_\_\_\_

*(\*for applicants who are under 18)*

In order for your application to be considered, you must submit the following documents:

1. Completed application form
2. Official transcripts
3. Two (2) recommendation forms (attached)

All documentation should be mailed together or hand delivered as a packet to:

Stepping Stone School  
c/o “Make a Difference” Scholarship  
1910 Justin Lane  
Austin, Texas 78757



# “Make A Difference” Scholarship RECOMMENDER’S EVALUATION

## RECOMMENDER’S INFORMATION:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommender** – Please evaluate the student by circling the appropriate description for each trait listed.

<b>Inquisitiveness</b>	Weak	Average	Strong	Excellent	Unknown
<b>Motivation</b>	Weak	Average	Strong	Excellent	Unknown
<b>Perseverance</b>	Weak	Average	Strong	Excellent	Unknown
<b>Creativity</b>	Weak	Average	Strong	Excellent	Unknown
<b>Cooperativeness</b>	Weak	Average	Strong	Excellent	Unknown
<b>Responsibility</b>	Weak	Average	Strong	Excellent	Unknown
<b>Honesty</b>	Weak	Average	Strong	Excellent	Unknown
<b>Leadership</b>	Weak	Average	Strong	Excellent	Unknown
<b>Emotional Stability</b>	Weak	Average	Strong	Excellent	Unknown
<b>Common Sense</b>	Weak	Average	Strong	Excellent	Unknown
<b>Adaptability</b>	Weak	Average	Strong	Excellent	Unknown
<b>Academic Achievement</b>	Weak	Average	Strong	Excellent	Unknown

Describe briefly the kind and quality of the applicant’s work. In your estimation, what does the applicant’s work reveal about him or her?

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What major strengths or weaknesses have you noted in the applicant?

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What other insights do you wish to convey about the applicant?

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\_\_\_\_\_  
Recommender’s Signature

\_\_\_\_\_  
Date



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Describe briefly the kind and quality of the applicant’s work. In your estimation, what does the applicant’s work reveal about him or her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What major strengths or weaknesses have you noted in the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other insights do you wish to convey about the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Recommender’s Signature*

\_\_\_\_\_  
*Date*





# Stepping Stone SCHOOL

# “Make A Difference” Scholarship STUDENT CONTRACT

Should I receive a **Stepping Stone School “Make A Difference” Scholarship**,  
I \_\_\_\_\_ hereby agree to abide by the guidelines of the  
**“Make a Difference” Scholarship Program** for the school year \_\_\_\_\_  
at \_\_\_\_\_ (name of college/university).

**By signing this form, I understand and agree to the following conditions:**

- \* I must be a senior in high school, a high school graduate and/or attending college at the following school  
\_\_\_\_\_.
- \* I must declare my intent to major in \_\_\_\_\_.
- \* I must enroll in a minimum of 12 college-level semester hours each semester for 4 consecutive semesters. I must maintain a minimum GPA of 2.0 each semester. Upon registration each semester, my official fee statement and course schedule, and a transcript of grades from the previous semester, will be provided to the Stepping Stone School Foundation and Scholarship program. I may accelerate my education by attending summer school and may request, in writing, approval to apply my scholarship award for summer school.
- \* In order for my application to be considered, it must be complete with the following items:
  - Completed application form;
  - Two (2) complete recommendation forms; and
  - Official academic transcripts.
- \* It is my responsibility to:
  - Satisfactorily qualify for admission to school.
  - Register for school.
  - Submit all documentation prior to established deadlines.

**If I fail to meet any of the above provisions, I forfeit any further scholarship consideration.**

\_\_\_\_\_  
*Recipient's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Scholarship Coordinator's Signature*

\_\_\_\_\_  
*Date*