	ollowing:				
Resume	_SAT/ACT Scores _	Essay	College Acceptance Lette	er (if applicable)	Transcript (if applicable
Student's Identificati	on No				Class Size
Student's Identification No					Rank
tudent's Current En	rollmentMartin	nNixon	CigarroaEar	ly College	G.P.A.
					SAT (total R/M/W) Scores ACT Comp Score
					Passed EOC (all 5 areas)
					YesNo
LAMEDO DISTERNOSAY S	CEDOL DETRICT		dependent School Dis Scholarship Applicati		
Name of Scholarship					
					ent AlienYesNo
Address	her & Street Name Ant	No. P	2.O. Box Number City	7in No	
					Yearly Income
Mother's Name		O	Occupation	·	Yearly Income
Guardian's Name		C	Occupation	·	Yearly Income
	mbers in Family		Occupation	Combined Year	ly Family Income
Total Number of Mer f parents receive pub	mbers in Family plic funds, please speci	 fy annual amou	unt (s): Retirement _	Combined Year	ly Family Income Pension
Total Number of Mer f parents receive pub	mbers in Family plic funds, please speci	 fy annual amou		Combined Year	ly Family Income
Total Number of Me f parents receive pub Disability	mbers in Family blic funds, please speci AFDC Benefits	fy annual amou	unt (s): Retirement _	Combined Year	ly Family Income
Total Number of Me f parents receive pub Disability	mbers in Family plic funds, please speci	fy annual amou	unt (s): Retirement _	Combined Year	ly Family Income
Total Number of Mer f parents receive pub Disability Parent is member of	mbers in Family olic funds, please speci AFDC Benefits civic organization. If s	fy annual amou o, list	unt (s): Retirement Other	Combined Year	ly Family Income Pension
Fotal Number of Mer f parents receive pub Disability Parent is member of List all brothers and	mbers in Family blic funds, please speci AFDC Benefits civic organization. If s	fy annual amou o, list	Other on: (use back if necessary)	Combined Year	ned Income
Total Number of Mer f parents receive pub Disability Parent is member of	mbers in Family blic funds, please speci AFDC Benefits civic organization. If s	fy annual amou o, list	unt (s): Retirement Other	Combined Year	ly Family Income
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fotal Number of Mer parents receive pub pisability farent is member of contact all brothers and so Name Monthly Housing Payn fame your College selections	mbers in Family plic funds, please speci AFDC Benefits civic organization. If s sisters dependent on page ment ection: (1st Choi	fy annual amou	on: (use back if necessary) Age	Combined Year	Pension ned Income
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Fotal Number of Ment f parents receive publications and several several forms and se	mbers in Family plic funds, please speci AFDC Benefits civic organization. If s sisters dependent on page ment ection:(1st Choi embers attending college church youth organizatio	fy annual amou o, list rent or guardia ce) ce) ?Yes _ n?Yes _	ont (s): Retirement Other nn: (use back if necessary) Age (2 nd Choice) (2 nd Choice) No If yes, how many?	Combined Year Total Combi	Pension ned Income Phool or Occupation (3 rd Choice) (3 rd Choice)
Cotal Number of Menting Parents receive publications and several series and several seve	mbers in Family plic funds, please speci AFDC Benefits civic organization. If s sisters dependent on pane ment ection: (1st Choi embers attending college church youth organization old did you attend?	ce) Yes Yes Yes	Other Other In: (use back if necessary) Age (2 nd Choice) (2 nd Choice) No If yes, how many? No If yes, what Church	Combined Year Total Combi	Pension Pension ned Income chool or Occupation (3 rd Choice) (3 rd Choice)

Supplementary Data					
1.	Will you give the Laredo Independent School District permission to release your application to the school or other scholarship review committees in order to enhance your chances of obtaining a scholarship?YesNo				
2.	I, hereby give authorization to LISD to release my name and award to the media as needed, in keeping with the educational philosophies of this and/with other foundations.				
3.	Applicant Signature: Print Name:				
4.	(Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family that would be helpful to the Student Application Committee assessing your financial need for assistance requested.				
5.	Essay "How I will use the scholarship to further my education." (Please use space below or attach typed document.)				