



PACE Scholarship Application Checklist

All pages must be completed and signed where indicated

Completed application with all supporting documentation should be mailed to:

**PACE
P.O. Box 112721
Carrollton, Texas 75011-2721**

Name _____

Date submitted _____

High school currently attending _____

Check list for submitting this application:

A Signed Official School Transcript _____

Must be in a sealed envelope

Financial Information _____

Personal Statement _____

Letters of Recommendation (2) _____

May be different from personal references

Completed Application _____

Application includes this page, which must be attached

Signatures _____

Application Postmark Deadline: 01/31/2022

Please note: if you are selected to receive an award, .PACE MUST be notified no later than December 31, 2022 of the office at the college or university where your check should be mailed. Failure to provide this information will result in forfeiture of the scholarship.



SCHOLARSHIP APPLICATION

(Please Print or Type information on form)

I. Application Information to be completed by counselor after review of application.

(If counselor is not available to complete and sign, please attach a separate statement and provide information on how to contact the counselor or counseling staff.)

Counselor's Name _____

Student's Grade Point Average _____

Name of High School _____

School Address _____

Phone Number _____ Fax _____ e-mail _____

Counselor's Signature _____

II. Application Information to be completed by applicant

Student's Name _____

Home Address _____

City/State/Zip _____

Phone Numbers _____

E-mail Address _____

Last 4 digits of Social Security Number _____

Date of Birth _____

Parent/Guardian's Full Name

Father _____

Mother _____

Father's Address _____

Phone Number _____

Mother's Address _____

Phone Number _____

College(s) to which you have applied

College(s) who advised that you have been accepted

Intended Major

Give Two Personal References:

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

III. Financial Information

A. (To be completed by parent/guardian who is claiming applicant as a dependent for tax purposes. Information may be verified.)

Father's occupation _____

Employed by _____

Mother's occupation _____

Employed by _____

Household Income Range: Under \$40,000 _____ **\$40,000-\$59,000** _____

Over \$60,000 _____

B. Number of children of parents living at home (include applicant) _____

C. Ages of children _____

D. Number of children in college _____

IV. Other Information – Please provide the following information that occurred during high school years. (If more space is needed for any item, please add an additional sheet)

A. School Related Organizations

B. Elected Offices Held

C. Non-elected Offices Held

D. Community Service

E. Achievements, Awards, and Honors

V. Personal Statement: On a separate sheet, please tell us about your family background, career aspirations, community involvement, and why you should be considered for the PACE Scholarship Award.

(Please limit your statement to one page)

VI. Certification: I certify that all the information provided is complete and accurate to the best of my knowledge.

(MUST BE SIGNED BY PARENT AND APPLICANT)

**Applicant's
Signature**_____

**Parent/Guardian's
Signature**_____