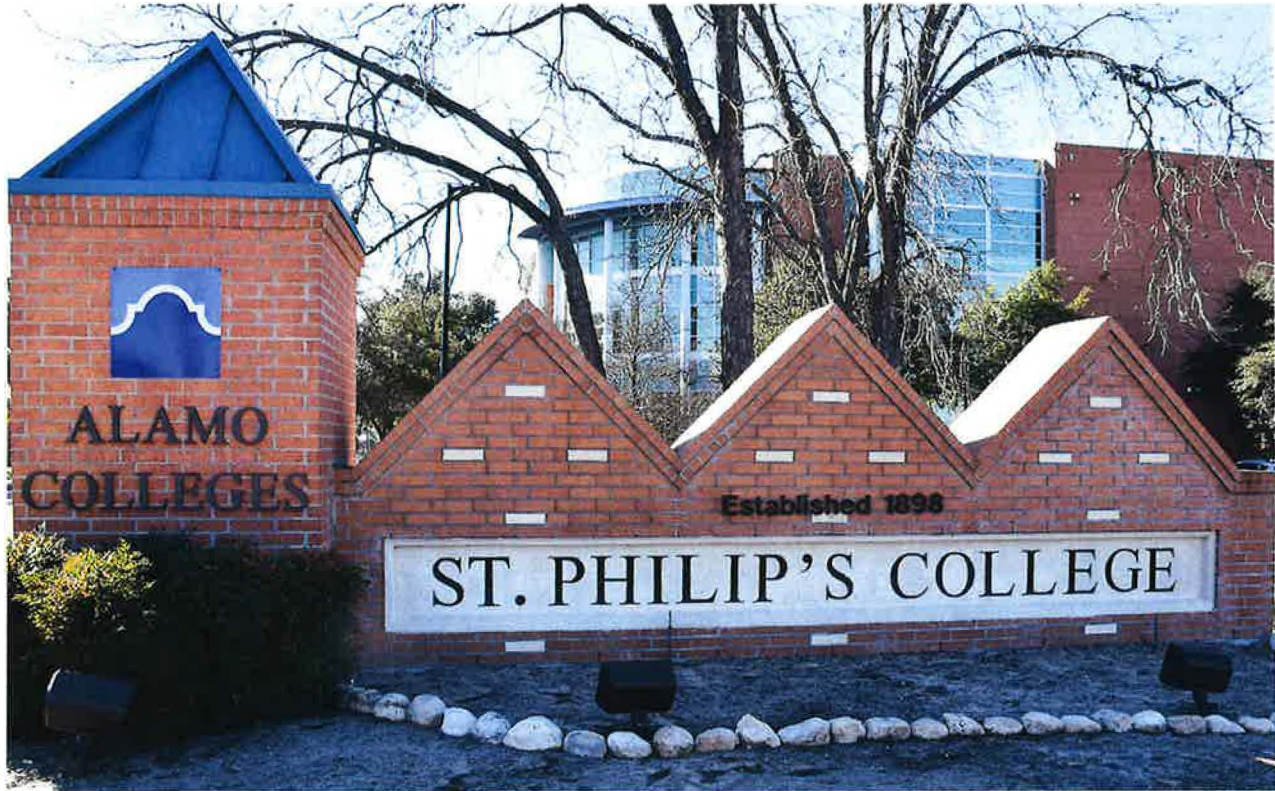




St. Philip's College Student Engagement Grant Student's Application Form

St. Philip's College is looking for excellent students who want challenging and rewarding extracurricular experiences while pursuing their college course work.

If you are interested in getting involved with a special initiative, meeting other students, and developing a network of professional contacts, then the Student Engagement Grant (SEG) may give you the financial support you need to have free time to pursue an extracurricular experience.

The SEG will be available to full-time (12 hours or more) or part-time (6 – 11 hours) students who have a cumulative GPA of 2.5 or higher and who are able to show a commitment to the special initiative funded by the SEG. The Home College of the student must be SPC.

This scholarship amount will be \$500.00 for part time and \$1000.00 for full time students.

Find out more information at <http://www.alamo.edu/spc/seg>

Name: _____ Last _____ First _____ Middle _____

Address: _____
 Street City State Zip

Degree sought: _____ Major: _____ Expected Graduation Date: _____

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Date: _____

**Attach additional sheets if necessary.*

**St. Philip's College
Student Engagement Scholarship
Recommendation Form**

RECOMMENDATION FORM

Applicant's Name: _____ Banner ID #: _____
Last First M.I.

Home Address: _____
Number & Street City State Zip

Home Phone: (____) _____ Reference Name: _____

APPLICANT INSTRUCTIONS: Please fill in the information requested above and sign the appropriate statement option before you submit it to your reference. Please consider using a guidance counselor, an employer, a clergy member, or other non-family member for a reference.

Note that 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: _____

Parent's Signature: _____
(Required for applicants under age 18)

Option 11 - I reserve the right to see this evaluation form after it is completed.

Applicant's Signature: _____

Parent's Signature: _____
(Required for applicants under age 18)

RECOMMENDER INSTRUCTIONS: Please complete **side two** of this form only after the student has signed the appropriate option. Please attach any additional information you wish to be considered.

RETURN TO THE STUDENT APPLICANT in a sealed envelope.

Student will be responsible for attaching and submitting sealed Recommendation Form with application. Please complete your recommendation form and return it to the student applicant in a timeframe to meet deadlines listed below.

EVALUATION

Evaluate the student by checking the appropriate columns for each trait listed.

	POOR	AVERAGE	GOOD	EXCELLENT	UNKNOWN
Inquisitiveness					
Motivation					
Perseverance					
Creativity					
Cooperativeness					
Responsibility					
Honesty					
Leadership					
Emotional Stability					
Common Sense					
Adaptability					
Academic Achievement					

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?

My relation to the applicant is: _____

Reference: Signature _____ Occupation: _____

Address: _____

Telephone: (Day) _____ (Evening) _____