2013 Scholarship Information & Application Instructions

**The Irene S. Wischer Educational Foundation Scholarship** was established in 2007 by Mrs. Irene S. Wischer, a highly respected San Antonio businesswoman & philanthropist. The scholarship is designed to provide funding to deserving individuals seeking higher education. Frost Bank administers the program on Mrs. Wischer's behalf, and the day-to-day operations of the scholarship program are managed by ETS Scholarship & Recognition Programs (SRP).

The Irene S. Wischer Educational Foundation Scholarship is a renewable scholarship award, the value of which will be based on the applicant's demonstrated financial need (not to exceed \$10,650 per academic year). The length of renewal eligibility will be commensurate with the length of the student's course of study, not to exceed four years. Scholarships will be made available to students attending accredited undergraduate colleges & universities, graduate schools, and vocational/technical & trade schools which are designated as "Qualified Organizations".

### What is a "Qualified Organization"?

A "Qualified Organization" is an entity which meets various requirements set forth in the tax code of the United States as a 501(c)(3) organization, a designation bestowed by the IRS indicating that the entity is a non-profit organization. If you are unsure if the institution at which you are enrolled or intend to enroll is a 501(c)(3) organization, you can search the IRS database at <a href="http://www.irs.gov/app/pub-78/">http://www.irs.gov/app/pub-78/</a> to determine eligibility before submitting your application. Applicants do not need to submit any documentation regarding an institution's status — SRP will verify the status of all institutions prior to making scholarship offers.

### **Eligibility Requirements**

To be eligible to apply for an Irene S. Wischer Educational Foundation Scholarship, you must:

- Be a citizen of the United States of America (either native-born or naturalized)
- A legal resident of the State of Texas for 12 consecutive months prior to the filing of the scholarship application
- Be a person of good character
- Demonstrate academic potential and ability
- Demonstrate a need for financial assistance

Due to federal banking laws, employees of Frost Bank, their spouses, descendants, or their descendants' spouses are not eligible to receive an award from The Irene S. Wischer Educational Foundation Scholarship.

Please note that preference will be given in the selection process to Christians who attend church regularly.

As a result of the number of applications received by the scholarship program every year, we are only able to consider applicants who meet all eligibility criteria. Regardless of how academically or financially deserving you may be, we will be unable to consider you for an award if:

- You do not satisfy both US citizenship <u>and</u> Texas residency requirements
- Your application is postmarked after the March 1 deadline date
- Your application is incomplete
- Your school choice does not meet the criteria for a "Qualified Organization"

Previous recipients of the Irene S. Wischer Educational Foundation Scholarship are welcome to reapply provided their initial award will have expired by the end of the Spring 2013 semester. *No individual may receive more than four total years of funding from the Foundation.* 

### **Application Instructions**

Please visit <u>www.frostbank.com/wischerscholarship</u> to download the scholarship application packet. The packet consists of the following documents:

- Scholarship Application & Questionnaire
- School Information Form
- Academic Recommendation Form
- Personal Recommendation Form
- Clergy Recommendation Form

<u>Please note:</u> for the purposes of this scholarship application, "clergy" refers to a person ordained for religious service (e.g. minister, priest, rabbi, etc.) If you have a question as to whether someone is eligible to complete your Clergy Recommendation Form, please contact SRP at the e-mail address provided below.

Financial Questionnaire

Please refer to the checklist found on the last page of the Scholarship Application & Questionnaire to determine which documents are required for your award level.

In addition to the items listed above, all applicants are required to submit the following documentation with their application materials in order to verify award eligibility:

- Complete official academic transcripts
- **Proof of United States Citizenship** acceptable forms of proof are limited to:
  - Current US Passport please send a photocopy of the photograph page.
  - Birth Certificate please send a photocopy of the full front side of the certificate.
  - Naturalization papers please send a photocopy of all relevant documents.
- If you have completed the FAFSA, a copy of your Student Aid Report (SAR)

It is strongly recommended that you double-check your application materials prior to mailing, and that you keep a copy of all materials for your records. You will receive a postcard from SRP to verify that your materials have been received and processed.

All applications must be postmarked no later than March 1, 2013 and mailed to the address provided below. Scholarship recipients will be notified by mail no later than May 31, 2013. The decisions of the Application Review Committee are final and not subject to review or appeal.

Submit your application and all required materials to: Irene S. Wischer Educational Foundation Scholarship

ETS Scholarship & Recognition Programs

PO Box 6730

Princeton, NJ 08541

Thank you for your interest in the Irene S. Wischer Educational Foundation Scholarship. If you have any questions about the scholarship program or the application process, or you are unable to download the application packet, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org.

### **Privacy Statement**

2013 Scholarship Application & Questionnaire

This form is designed to collect information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness, and legibility of your replies will allow for a thorough and comprehensive review of your credentials.

APPLICANT INFORMATION

Last PERMANENT HOME ADDRESS    Number and Street
PERMANENT HOME ADDRESS    Number and Street
Number and Street  City  TELEPHONE NUMBER  DATE OF BIRTH  Wonth  Day  Vear  GENDER  CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)  Female  US Citizen  US Permanent Resident  Male  Other (specify):  US State of  Legal Residency:  you lived in Texas?  If you came to Texas from another US state or country, provide the month and year in which you moved to Texas:  Month  Month  Pear  E-MAIL ADDRESS  If you came to Texas from another US state or country, provide the month and year in which you moved to Texas:  Month  Month  Month  Month  GRADUATION  Please provide information about your educational background, as well as your current status and future plans.  If a question or section does not apply to you, you may leave the answer space blank or write "N/A".  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  GRADUATION DATE  Articipated Date Actual Date
City  TELEPHONE NUMBER  DATE OF BIRTH  Day  Year  GENDER  CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)  Female  US Citizen  US Permanent Resident  Male  Other (specify):  US State of  Legal Residency:  How long have you lived in Texas?  JYS  Month  Flease provide information about your educational background, as well as your current status and future plans.  If a question or section does not apply to you, you may leave the answer space blank or write "N/A".  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  CITY  STATE  SOCIAL SECURITY NUMBER  SOCIAL
TELEPHONE NUMBER    DATE OF BIRTH   SOCIAL SECURITY NUMBER   PARTILE   DATE OF BIRTH   Day   Year   Pear
TELEPHONE NUMBER    DATE OF BIRTH   SOCIAL SECURITY NUMBER   PARTILE   DATE OF BIRTH   Day   Year   Pear
TELEPHONE NUMBER    DATE OF BIRTH   SOCIAL SECURITY NUMBER   PARTILE   DATE OF BIRTH   Day   Year   Pear
GENDER CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)   Female   US Citizen   US Permanent Resident     Male   Other (specify):
GENDER CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)  GENDER CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)  GENDER CITIZENSHIP STATUS (DOCUMENTATION REQUIRED)  GENDER GENDER  GENDER GENDER  GEND
Female
Male   Other (specify):     US State of   How long have   you lived in Texas?   yrs   mos   If you came to Texas from another US state or country, provide the month and year in which you moved to Texas:   Month   Year
US State of Legal Residency:
Legal Residency:   you lived in Texas?   yrs   mos   provide the month and year in which you moved to Texas:   Month   Year
EDUCATION  Please provide information about your educational background, as well as your current status and future plans.  If a question or section does not apply to you, you may leave the answer space blank or write "N/A".  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  HIGH SCHOOL  CITY  STATE  Month  Year  Month  Year  Month  Year
Please provide information about your educational background, as well as your current status and future plans.  If a question or section does not apply to you, you may leave the answer space blank or write "N/A".  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  HIGH SCHOOL  CITY  STATE  GRADUATION DATE  Anticipated Date  Actual Date
Please provide information about your educational background, as well as your current status and future plans.  If a question or section does not apply to you, you may leave the answer space blank or write "N/A".  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  HIGH SCHOOL  CITY  STATE  GRADUATION DATE  Anticipated Date  Actual Date
HIGH SCHOOL  NAME OF HIGH SCHOOL YOU ATTEND (OR GRADUATED FROM)  CITY  STATE  GRADUATION DATE  Anticipated Date  Actual Date
HIGH SCHOOL  CITY  STATE  Anticipated Date  Actual Date  Actual Date
HIGH SCHOOL  CITY  STATE  Month  Year  Actual Date
HIGH SCHOOL CITY STATE Month Year
UNDERGRADUATE OF INSTITUTION YOU PLAN TO ATTEND/ATTEND/GRADUATED FROM TYPE OF INSTITUTION
VOCATIONAL/TECHNICAL □ 4-yr College/University □ 2-yr College (Community college/junior college)
HIGH SCHOOL SENIOR?  ENTER THE NAME OF THE SCHOOL  CITY  STATE  Vocational/Technical School  CURRENT CLASSIFICATION (based on credit hours)
YOU WILL ATTEND IN THE FALL. ☐ Applied ☐ Freshman (1st yr) ☐ Senior (4th yr)
CURRENTLY IN COLLEGE?  ENTER THE NAME OF THE SCHOOL  Waitlisted  Graduated  Graduated
VOU CURRENTLY ATTEND (OR PLAN TO TRANSFER TO IN THE FALL).  MAJOR/PROGRAM OF STUDY  DEGREE SOUGHT/EARNED  GRADUATION DATE
CURRENTLY IN GRADUATE SCHOOL?  ENTER THE NAME OF THE COLLEGE OR  Actual Date
VOUR UNDERGRADUATE DEGREE.  UNIVERSITY FROM WHICH YOU RECEIVED  YOUR UNDERGRADUATE DEGREE.  Month  Year
INSTITUTION YOU PLAN TO ATTEND/ATTEND CURRENT CLASSIFICATION
GRADUATE/PROFESSIONAL □ Annlied □ Accented □ In-Progress
GRADUATE/PROFESSIONAL POST-GRADUATE/DOCTORAL Applied Accepted In-Progress
POST-GRADUATE/DOCTORAL CITY STATE DEGREE GOAL
POST-GRADUATE/DOCTORAL  CURRENTLY IN COLLEGE? ENTER THE NAME OF THE GRADUATE INSTITUTION YOU PLAN TO ATTEND IN
POST-GRADUATE/DOCTORAL  CURRENTLY IN COLLEGE? ENTER THE NAME OF THE GRADUATE INSTITUTION YOU PLAN TO ATTEND IN THE FALL.  PROGRAM OF STUDY  PROGRAM OF STUDY  ANTICIPATED GRADUATION DATE
POST-GRADUATE/DOCTORAL  CURRENTLY IN COLLEGE? ENTER THE NAME OF THE GRADUATE INSTITUTION YOU PLAN TO ATTEND IN THE FALL.  CITY  STATE  DEGREE GOAL

List special courses or programs you have take computer certification, electronics, etc.).	-		first (AP, Honors, Interi	national Baccalaureat
Course or Program	Name of School/	Institution	Dates of Atter	ndance
EXTRACURRICULAR & COMMUNITY ACT List activities in which you have participated of		ident government publications u	araity or alub aparta tl	agetor arta. Pota Clui
Scouting, 4-H, etc.) Include church membership			arsity or club sports, ti	leater arts, beta ord
Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appo		Awards or Honors
			☐ Elected ☐ Appointed	
	_		☐ Elected	
			Appointed	
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			☐ Elected ☐ Appointed	
			☐ Elected ☐ Appointed	
			☐ Elected ☐ Appointed	
	_		☐ Elected	
			☐ Appointed	
List community agencies or organizations in w			lospital volunteer, cultu	ral activities, outread
programs, etc.) Please do not repeat any church Name of Agency or Organization	n-related community service activities li Kind of Acti		of Participation	# of Hours
or rigono, or organization	, , , , , , , , , , , , , , , , , , ,	, Julio	or r unuo.punon	□per week
			_	□per year □per week
				per year
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				□per week □per year
f listed a landouship usto in any an unusus of t				
f you listed a leadership role in one or more of t your contribution to the organization.	ne activities or organizations cited abov	e, piease choose one, detail your i	esponsibilities, and exp	lain the significance
,				
List jobs (including summer employment) you ha				. Hours
Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employme	ent per Week
		☐ Full-Time ☐ Summer ☐ Part-Time ☐ School Year		
	_	Full-Time ☐ Summer		
		_ ☐ Part-Time ☐ School Year ☐ Full-Time ☐ Summer		<del></del>
		Part-Time School Year		
		☐ Full-Time ☐ Summer ☐ Part-Time ☐ School Year		

Of all your courses, activities, internship	os, and work experience, which one did you	u find most rewarding or personally satisfying?	Explain why.
FAMILY BACKGROUND Please check the statement that most of	closely applies to you as of today's date:	☐ I am claimed as a dependent on my parer☐ I am legally emancipated/financially indep☐ I am the head of my own household.	
Provide information for all that apply:	Parent/Guardian	Parent/Guardian	Spouse (if applicable)
Name			
Relationship to the Applicant (you)			
Occupation/Title			
Employer's Name			
Highest Level of Education Attained	☐ Some High School ☐ Some College ☐ High School Diploma/GED ☐ Baccalaureate or higher	☐ Some High School ☐ Some College ☐ High School Diploma/GED ☐ Baccalaureate or higher	☐ Some High School ☐ Some College ☐ High School Diploma/GED ☐ Baccalaureate or higher
Siblings: Number Ag	ge(s)	If you are the head of your own house how many people are dependent on you	
nas a specific family member of family	experience innuenced your ethical or mora	Il beliefs/standards? Please explain how, and	to what extent.
FUTURE GOALS Based on your current achievements ar	nd interests, describe the kind of work that	you plan to be doing in 10 years, both in your	career and in your community.

#### RECOMMENDATION REQUIREMENT

Three (3) completed Recommendation Forms are required of all applicants:

- The Academic Recommendation Form should be completed by a counselor/advisor, teacher/professor, or school/college official who is familiar with your
- The Personal Recommendation Form should be completed by a personal contact (not a friend, classmate, or family member) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).
- The Clergy Recommendation Form should be completed by a member of clergy at your church that has knowledge of your activities & involvement within the congregation/community. For the purposes of this scholarship application, "clergy" refers to a person ordained for religious service (e.g. minister, priest, rabbi, etc.)

#### CERTIFICATION

Please read the following carefully before signing. You must agree to all of the stated terms in order to be considered for a scholarship.

I hereby certify that I meet all eligibility requirements to receive a scholarship award from The Irene S. Wischer Educational Foundation Scholarship, and that the information provided in this application is true and complete to the best of my knowledge.

I understand that residency in Texas is one of the eligibility criteria to receive a scholarship from The Irene S. Wischer Scholarship. I certify that I have been a legal resident of the State of Texas for at least twelve (12) consecutive months prior to the submission of this application.

I understand that the deliberations of the Application Review Committee are confidential and that the decisions of the Committee are final and not subject to review or appeal.

I understand that submitting false information in this application or in any supporting material constitutes grounds for disqualification from the scholarship competition.

Student's Name (Please Print)		
Student's Signature		Date
Parent/Guardian's Signature (if applicant is less than 18 years of age)		Date
How did you find out about the Irene S. Wischer Educational Foundation Scholarship Pro	ogram?	
educational level below and ensure that all required do It is your responsibility to ensure that all required doc	n for each applicant type in the Irene S. Wischer Edicuments are submitted to ETS Scholarship & Recognition cumentation reaches SRP, even if you are not placing I ineligible for consideration by the Application Review Co	on Programs postmarked no later than <b>March 1, 2013</b> . the material in the mail yourself. Materials bearing a committee.
If you are <u>currently</u> a High School Senior	If you are <u>currently</u> a First Year Undergraduate or Vocational/Technical student	If you are <u>currently</u> a 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> Year Undergraduate, Graduate/Professional or Doctoral Student
Scholarship Application & Questionnaire (this form)     An official high school transcript     A completed School Information Form     A completed Financial Questionnaire     A copy of your FAFSA Student Aid Report (SAR)     Completed Recommendation Forms (see above)     Proof of United States citizenship*	Scholarship Application & Questionnaire (this form)  ☐ An official high school transcript ☐ An official transcript from your college/university/ trade school with first semester grades reported ☐ A completed School Information Form ☐ A completed Financial Questionnaire ☐ A copy of your FAFSA Student Aid Report (SAR) ☐ Completed Recommendation Forms (see above) ☐ Proof of United States citizenship*	<ul> <li>Scholarship Application &amp; Questionnaire (this form)</li> <li>An official transcript from your college/university with first semester grades reported         (1<sup>st</sup> semester Graduate students should also submit a copy of their complete Undergraduate transcript)</li> <li>A completed Financial Questionnaire</li> <li>A copy of your FAFSA Student Aid Report (SAR)</li> <li>Completed Recommendation Forms (see above)</li> <li>Proof of United States citizenship*</li> </ul>

#### Submit all required materials to:

Irene S. Wischer Educational Foundation Scholarship **ETS Scholarship & Recognition Programs** PO Box 6730 Princeton, NJ 08541

All required materials must be postmarked no later than **March 1**, **2013**.

If you have any questions about this application, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org.

### PRIVACY STATEMENT



refer to the program description for a listing of acceptable citizenship documentation.

### **School Information Form**

APPLICANT AU	THORIZ	ATION																									
LEGAL NAME			-		-		_	-	-	-	1	1	_	_		1		1		-	1		-			1	
Last														First												N	ΛI
As per Public Law third parties by sch							s & Priv	acy A	Act, p	oermis	sion	is re	equire	ed for	acad	lemic	reco	ords a	and le	tters	of re	ecomm	enda	tion to	be re	lease	d to
I hereby authorize Recognition Progra																			quest	ed on	this	docur	nent,	to ETS	; Scho	olarsh	ip &
Applicant's Signatu	re		-															_		Date							
SCHOOL EVALU Complete the informin-progress). If a required letters of	nation reschool p	equesto profile	ed be is av	low, s	ign th	e forn	n, and a	ttach	ı a cu	urrent	offic	cial t	ranso	cript													
Please provide the	follow	ing inf	orma	tion r	egard	ing th	ne appli	cant	's ac	adem	ic re	ecord	i.														
Student's Cla	s Rank													(not	<u>'e</u> : all S	SAT sco						Score: m the SA	_	t admini	stration	ı.)	
Student's Cla	ıss Size												AC	T	Tes	st Dat	te					Comp	osite Score				
Studer	t's GPA				].				☐ Wei	ighted weighted	d	Ē	SA	T	Tes	st Dat	te						tical ding		$\overline{\mathbb{L}}$		
GP	A Scale				•										١	Writin	ng					ľ	Math				
Please rate the lev	st Diffici	ult e of t	he ap	oplica	ınt, pi	ease	Above reply 1	Avera o ea	age ach o	of the	folio	owin		[ atem		verage by c	heck	king 		ĺ		most	close		tches	y <b>ou</b>	
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This student is high	ing the	time t	o ass							ation.	You	ur si	gnati	ure b	elow	indic	cates	s tha	t the	infoi	rmat	tion yo	u ha	ve pro	vided	on t	his
Name & Title of School	ol Official	(please	print)								ı	ŀ	Pleas	e mal	ke ce	rtain t	to inc	clude	an <b>o</b> i	ficia	l tra	nscrip	t and	schoo	ol pro	file.	
Signature of School O	fficial				_	Date									WIS	CHER	R ED	UCA	TION	AL F	OUN	<i>or bef</i> NDATI ON PRO	ON S	CHOL			
E-Mail Address																		F	PO BO	X 673	30						



Telephone Number

College Board High School Code

### Academic Recommendation Form

### APPLICANT AUTHORIZATION LEGAL NAME Last As per Public Law 93-380, the Family Educational Rights & Privacy Act, permission is required for academic records and letters of recommendation to be released to third parties by schools or individuals within the school. I hereby authorize the individual named below to release a letter of recommendation, including information regarding my academic progress, extracurricular activities and other related topics, to ETS Scholarship & Recognition Programs (SRP) in support of my application for The Irene S. Wischer Educational Foundation Scholarship. Applicant's Signature Date REFERENCE The student named above is an applicant for The Irene S. Wischer Educational Foundation Scholarship. One of the criteria for this award is academic potential and ability. The applicant has selected you as a person who can comment knowledgeably on his/her academic potential and capacity to handle the increased responsibilities of obtaining a higher level of education. Your comments will influence the decision of the Application Review Committee, which may, in turn, have a significant impact on the applicant's life. Please give this recommendation all due thought and consideration. If you have any questions about this form, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org. Name: Title: E-mail Address: Telephone Number: Length of time you have known the applicant: Capacity in which you know the applicant: Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. *Check only one box per statement.* Strongly Strongly Agree Neutral Disagree Disagree Agree This student possesses a high level of academic ability. This student's academic performance has been exceptional. This student is highly involved in extracurricular/co-curricular activities. This student has demonstrated excellent leadership ability. This student has the self-discipline to excel in a variety of environments. This student is highly responsible. This student has the potential to succeed in higher education, if presented with the opportunity Please comment on the applicant's ability and/or potential to accomplish his/her academic goals. Cite specific examples if possible.

How would you describe the applicant's c	conduct, character, and personal qualities	?	
In your professional opinion, do you feel t	he applicant is realistic about his/her plar	ned course of study?	
Is there anything else about the applicant	of which you would like to make the Rev	iew Committee aware? (You may atta	ach a separate letter of recommendation.)
I certify that the responses provided are (on behalf of the Irene S. Wischer Educati			cant. I understand that SRP and/or Frost Bank ecessary.
Signature			Date
We appreciate your kind assistance to	o the applicant and to the Review Cor	nmittee in completing this recomm	mendation form.
Submit your completed form to:	Irene S. Wischer Educational Fo ETS Scholarship & Recognition PO Box 6730 Princeton, NJ 08541		

This completed form and any supporting documents must be postmarked no later than March 1, 2013.

### PRIVACY STATEMENT



### Personal Recommendation Form

## APPLICANT AUTHORIZATION LEGAL NAME Last As per Public Law 93-380, the Family Educational Rights & Privacy Act, permission is required for academic records and letters of recommendation to be released to third parties by schools or individuals within the school. I hereby authorize the individual named below to release a letter of recommendation, including information regarding my academic progress, extracurricular activities and other related topics, to ETS Scholarship & Recognition Programs (SRP) in support of my application for The Irene S. Wischer Educational Foundation Scholarship. Applicant's Signature Date \_\_\_ REFERENCE The student named above is an applicant for The Irene S. Wischer Educational Foundation Scholarship. One of the criteria set forth by Mrs. Wischer is that scholarship recipients be persons of good character. The applicant has selected you as a person who can comment knowledgeably on his/her academic potential and capacity to handle the increased responsibilities of obtaining a higher level of education. Your comments will influence the decision of the Application Review Committee, which may, in turn, have a significant impact on the applicant's life. Please give this recommendation all due thought and consideration. If you have any questions about this form, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org. Name: Title & Organization: E-mail Address: Telephone Number: Length of time you have known the applicant: Capacity in which you know the applicant: Based on your knowledge of the applicant, please rate the student's ability to demonstrate the following traits. Check only one box per statement. Don't Know Excellent Very Good Poor or N/A Personal Accountability (student takes responsibility for his/her actions) Charity (student makes effort, expends time/resources to help those in need) **Initiative** (student is innovative/resourceful; looks for opportunities instead of handouts) Respect for Others (student shows sensitivity/empathy; listens to what is said even when he/she disagrees.) Time Management (student is able to successfully manage personal and academic responsibilities) Please use the space below to provide specific examples supporting "Excellent" or "Very Good" responses from the previous survey.

Please make specific note of the applica	nmendation for the applicant, or attach a separate letter of recommendation. It's conduct, character and personal qualities. Your comments may include your knowledge of his/her outstanding person , etc. Cite specific examples whenever possible.
	accurate, based on my knowledge of the aforementioned scholarship applicant. I understand that SRP and/or Frost Bank ( Foundation) may contact me for additional information or clarification if necessary.
Signature	Date
We appreciate your kind assistance t	the applicant and to the Review Committee in completing this recommendation form.
Submit your completed form to:	Irene S. Wischer Educational Foundation Scholarship ETS Scholarship & Recognition Programs PO Box 6730 Princeton, NJ 08541

This completed form and any supporting documents must be postmarked no later than March 1, 2013.

### PRIVACY STATEMENT



### **Clergy Recommendation Form**

### APPLICANT AUTHORIZATION LEGAL NAME Reminder: for the purposes of this scholarship application, "clergy" refers to a person ordained for religious service (e.g. minister, priest, rabbi, etc.) As per Public Law 93-380, the Family Educational Rights & Privacy Act, permission is required for academic records and letters of recommendation to be released to third parties by schools or individuals within the school. I hereby authorize the individual named below to release a letter of recommendation, including information regarding my academic progress, extracurricular activities and other related topics, to ETS Scholarship & Recognition Programs (SRP) in support of my application for The Irene S. Wischer Educational Foundation Scholarship. Applicant's Signature REFERENCE The student named above is an applicant for The Irene S. Wischer Educational Foundation Scholarship. One of the criteria set forth by Mrs. Wischer is that scholarship recipients be persons of good character, with preference given in the selection process to Christians who attend church regularly. The applicant has selected you as a person who can comment knowledgeably on his/her academic character and contribution to your community/congregation. Your comments will influence the decision of the Application Review Committee, which may, in turn, have a significant impact on the applicant's life. Please give this recommendation all due thought and consideration. If you have any questions about this form, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org. Name: Title & Organization: Telephone Number: E-mail Address: Length of time you have known the applicant: Capacity in which you know the applicant: Based on your knowledge of the applicant, please rate the student's ability to demonstrate the following traits. Check only one box per statement. Don't Know Excellent **Very Good** Good Poor or N/A **Personal Accountability** (student takes responsibility for his/her actions) Charity (student makes effort, expends time/resources to help those in need) **Initiative** (student is innovative/resourceful; looks for opportunities instead of handouts) Respect for Others (student shows sensitivity/empathy; listens to what is said even when he/she disagrees.) Time Management (student is able to successfully manage personal and academic responsibilities) List all programs/activities in which you have witnessed the applicant's participation. Explain how his/her contributions made each program/activity more successful or enriching.

Ise this space to write a letter of recommendation for the applicant, or attach a separate letter of recommendation.  Please make specific note of the applicant's conduct, character, personal qualities and Christian commitment/church involvement. Your comments may include you consider the control of the applicant's community service, long term goals, etc. Cite specific examples whenever possible.
certify that the responses provided are accurate, based on my knowledge of the aforementioned scholarship applicant. I understand that SRP and/or Frost Bar on behalf of the Irene S. Wischer Educational Foundation) may contact me for additional information or clarification if necessary.
Signature Date
We appreciate your kind assistance to the applicant and to the Review Committee in completing this recommendation form.
Irene S. Wischer Educational Foundation Scholarship ETS Scholarship & Recognition Programs PO Box 6730 Princeton, NJ 08541

This completed form and any supporting documents must be postmarked no later than March 1, 2013.

### PRIVACY STATEMENT



### **Financial Questionnaire**

APPLICANT'S LEGAL NAME	
Last	First MI
from the Irene S. Wischer Educational Foundation. This information may	
Are you planning to work while you are enrolled in school? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
If you responded 'yes' – name of your employer (if known):	
# of hours per week (if known):	☐ Actual ☐ Anticipated
Which of these statements best describes your anticipated housing status in	n the fall?    I will live on-campus in college/university housing.   I will live off-campus in a private house or apartment.   I will live at home (with parents/guardians).
If you plan to attend a public institution, will you be eligible to pay in-state t	uition rates? 🗌 Yes 🔲 No
Who will be primarily responsible for payment of your educational expenses	Me (the applicant)  My parents/guardians  Other – please specify:
Excluding parent/guardian support, how do you plan to meet your education	nal expenses?
Will you be responsible for the support of anyone else while enrolled in scho	

### HIGH SCHOOL SENIORS & UNDERGRADUATE AND VOCATIONAL/TECHNICAL APPLICANTS:

- Attach a copy of your FAFSA Student Aid Report (SAR).
- Sign this form at the bottom of the next page.
- Submit to SRP with your Scholarship Application.

#### **GRADUATE/PROFESSIONAL & POST-GRADUATE/DOCTORAL APPLICANTS:**

- If you have completed the FAFSA for the upcoming academic year:
  - Attach a copy of your Student Aid Report (SAR).
  - $\circ$  Sign this form at the bottom of the next page.
  - Submit to SRP with your Scholarship Application.
- If you have not completed the FAFSA for the upcoming academic year:
  - Complete the next section of this document.
  - Sign this form at the bottom of the next page.
  - Submit to SRP with your Scholarship Application.

All applicants must sign this form at the bottom of the next page.

### GRADUATE/PROFESSIONAL & POST-GRADUATE/DOCTORAL APPLICANTS

COMPLETE THIS SECTION ONLY IF YO	OU HAVE NOT COMP	LETED THE	FAFSA			
<ul> <li>Important:         <ul> <li>You may need to refer to you</li> <li>If a third party is solely resp</li> </ul> </li> </ul>				0 .	organization should complete th	is section.
Annual family gross income:	\$0 - 19,999 \$20,000 - 29,9 \$30,000 - 39,9 \$40,000 - 49,9	99 [ 99 [	\$50,000 - 59,999 \$60,000 - 74,999 \$75,000 or greater			
Yearly untaxed income and benefits:	\$		Social Security Child Support	☐ AFDC ☐ Other – please sp	pecify:	
Total market value of all cash, stocks, I	oonds and trust fund	s (excludin	g retirement funds):	\$		
Value of 529 Plan/Texas Tomorrow Fun	d:			\$		
Amount you plan to contribute to your e	education (per year):			\$		
Please complete the following matrix fo	or all members in you	ır househo	ld <u>other than yourself</u> .			
	Relationship to	Age	Claimed as a		2013-2014 Academic Year	
Full name of family member	Applicant	(as of 4/15/13)	dependent on your tax return in 2012?	Will attend college full-time?	College or University Name	College Cost
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		
List all scholarship awards, grants, or c	other forms of financi					Auroud Status
Name of Award			ame of Granting Agend	sy/organization	Estimated Award Amount	Award Status  Application Pending Award Granted Application Pending
						Award Granted Application Pending Award Granted Application Pending
						Award Granted Application Pending Award Granted
ALL APPLICANTS  I certify that the responses provided ar for additional information or documents		stand that S	SRP and/or Frost Bank	(on behalf of the Iren		lation) may contact me
Student's Signature					Date	

Submit your completed form to:

Parent/Guardian's Signature

(if applicant is less than 18 years of age)

Irene S. Wischer Educational Foundation Scholarship **ETS Scholarship & Recognition Programs** 

PO Box 6730 Princeton, NJ 08541

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All materials submitted to support an application for the Irene S. Wischer Educational Foundation Scholarship are used only in the selection process. If you are named a scholarship recipient, your folder will remain in active status during the period that the scholarship is in force, and will be retained for one year thereafter. All records are confidential and available for reference by ETS Scholarship & Recognition Programs and, as appropriate, by Frost Bank.



Date \_\_\_\_\_