“Stepping into the Future” Scholarship

Dr. James M. Jacobs and Associates with Your Total Foot Care Specialist are pleased to announce two $1,500 “Stepping into the Future” scholarships for 2019 Katy ISD graduating seniors. The “Stepping into the Future” scholarships are available to seniors graduating with an unweighted GPA ranging from 2.5 to 3.7. The recipients will be announced at the Senior Awards Ceremony.

Eligibility Requirements:
- High school senior in Katy ISD with a grade point average of 2.5 to 3.7 (unweighted)
- Official high school transcript from the Registrar’s office
- Complete, legible and signed application
- Full-time enrollment (12 credit hours or more) at any higher education institution
- One-page typed essay on the topic: **Describe a meaningful volunteer experience.**

Application, transcript and essay must be received by Your Total Foot Care Specialist by **March 29, 2019, 5:00 p.m.** at our 23230 Red River Dr., Katy, TX 77494 location. A third-party committee will select the two winning applicants.

For further information please call the Your Total Foot Care Specialist offices at 281-395-3338 or visit our website at www.KatyFootCare.com.
“Stepping into the Future” Scholarship
Application

(Please Print)
Applicant’s Name: __________________________________________
Address: ____________________________________________________
City: __________________________ State: ___________ Zip: ___________
Contact Number: ___________________ Email: ______________________
GPA (unweighted): _____________ Class Rank: ________________
Counselor: ____________________________________________________
Parent/Guardian Name(s): ______________________________________
List colleges/technical schools to which you have applied:
________________________________________________________________
________________________________________________________________
________________________________________________________________
List colleges/technical schools to which you have been accepted:
________________________________________________________________
________________________________________________________________
________________________________________________________________
List other scholarships for which you are applying:
________________________________________________________________
________________________________________________________________
________________________________________________________________
Have you received any other scholarships? If so, identify the scholarship and amount.
________________________________________________________________
________________________________________________________________
________________________________________________________________
Applicant’s Signature and Date: _________________________________
Parent/Guardian Signature and Date: _____________________________

All completed scholarship applications, essay and transcripts are due March 29, 2019, by 5:00 p.m.
Late applications will not be accepted.

Your Total Foot Care Specialist
23230 Red River Dr., Katy X 77494
“Stepping into the Future” Scholarship Application

Describe your desired course of study and career goals:


Briefly describe your extracurricular activities (school, civic, church, etc.):


Briefly describe your community service:


Briefly describe your leadership skills (school, civic, church, etc.):


List any honors/awards you have received:


I, (print name)_______________________________, hereby grant permission to Your Total Foot Care Specialist, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Your Total Foot Care Specialist.

________________________________________ Date:  __________________________

(Signature of adult subject)

________________________________________

(Address)

________________________________________

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name)_______________________________, parent or official guardian of (child’s name)____________________________, hereby grant permission to Your Total Foot Care Specialist, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child’s name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Your Total Foot Care Specialist.

________________________________________ Date:  __________________________

(Signature of Parent or Guardian)

________________________________________

(Address)

________________________________________

(City, State, Zip)