



# Scholarship Expectations

The North Texas Area Gerontology Society (NTAGS) believes in supporting advanced education for professionals dedicated to enhancing graceful aging, through scholarship and mentoring opportunities. With this belief, NTAGS will award scholarships for current high school seniors and students in post-secondary education accepted into a course of study or with a major/program of study leading to a career serving the geriatric population. Full time and part time enrollment in a post-secondary schools and training programs will be considered. The number of scholarships and award value(s) are to be determined by the NTAGS scholarship committee and board. Payment of the scholarship will be made directly to the Registrar Office of the university, college, or certificate program of the recipient prior to the following fall semester. Awards greater than \$1000 may be divided over two or more semesters, at NTAGS' discretion.

**Completed applications, including letters of recommendations, are to be emailed to [info@ntags.com](mailto:info@ntags.com).**  
**Emailed applications must be submitted on/before August 30<sup>th</sup>.**

Qualifications for candidacy include:

- Residing/attending post-secondary education in, and plan to serve the populations of Texas in Grayson, Fannin, Collin, Denton, or Hunt Counties. **Proof of enrollment of acceptance at an accredited university or other program should be submitted with application.**
- Current high school or college GPA at or above 2.75 on a 4-point scale. **Transcript/Grade Report should be submitted with application.**
- Majors of all areas of study will be considered, if it reasonable to believe that the candidate's studies will lead to a career serving or as a resource for the geriatric community. *Supporting information should be included in the essay portion of the application.*

I, \_\_\_\_\_, affirm that I plan to pursue a career in service to the geriatric population. I am a resident of, or attend post-secondary education in, and plan to serve the populations of Texas in Grayson, Fannin, Collin, Denton, or Hunt Counties.

Furthermore:

- ✓ I give permission to official of my institution(s) to release transcripts of my academic record and other information as requested for consideration in the NTAGS Scholarship program.
- ✓ I understand that this application will be available only to the qualified persons, and the final decision of recipients and scholarship awards are determined by the NTAGS Scholarship committee and NTAGS board.
- ✓ I waive the right to modify letters of recommendation written on by behalf and tampering with such may disqualify me from the scholarship selection process.
- ✓ If chosen as a NTAGS Scholarship Recipient, I agree to attend the NTAGS spring forum to be held in one of the following Texas counties: Grayson, Fannin, Collin, Denton, or Hunt, at a date to be later determined.
- ✓ I understand that additional contact with NTAGS may be required, including but not limited to, an interview prior to final consideration for scholarship.
- ✓ I affirm that this application, including the essay and other materials provided are of my own work unless formally cited from other sources.
- ✓ I understand incomplete submissions may disqualify me from the scholarship selection process.
- ✓ I affirm that at the time of submitting the Scholarship Application I have not been found guilty of a felony.
- ✓ I affirm the information contained is true and accurate to the best of my knowledge and belief.
- ✓ I understand that images of myself and quotes from my application and/or essay may be used to promote NTAGS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Scholarship Application

I, \_\_\_\_\_, have read and understand the conditions of the NTAGS Scholarship as explained in the current **Scholarship Expectations**.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please print legibly below

Legal Full Name \_\_\_\_\_

Permanent Residence \_\_\_\_\_

Address at School \_\_\_\_\_

(if different) \_\_\_\_\_

Home Telephone ( ) - Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Other Telephone ( ) - E-mail address \_\_\_\_\_

Contact information of Guidance Counselor/Advisor:

School \_\_\_\_\_ School's Address \_\_\_\_\_

Counselor/Advisor Name \_\_\_\_\_ School Address cont: \_\_\_\_\_

E-Mail address \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_

Student ID \_\_\_\_\_

Current or Graduating High School GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

Proposed Major/Post-Secondary School Degree you are seeking \_\_\_\_\_

Number of college credits earned \_\_\_\_\_ College GPA \_\_\_\_\_

Total number of credits required for graduation \_\_\_\_\_

Expected/Actual date of Baccalaureate Degree \_\_\_\_\_

Degree you will receive \_\_\_\_\_

Under/Graduate degree(s) sought \_\_\_\_\_

Concentration(s) \_\_\_\_\_

Name \_\_\_\_\_

1. List the high school(s) you have attended and all higher education institutions attended. Include summer, study-abroad, and exchange programs.

School	Location	Dates Attended
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2. List college and high school activities (including government, sport, publications, school sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance.

College Activity	Dates	Offices
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High School Activity	Dates	Offices
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3. List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not list items listed under school activities. Listing in descending order of significance.

Activity	Role	Dates	# of hours of service
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Name \_\_\_\_\_

4. List government activities including internships with government agencies, partisan political activities, ROTC/military service, municipal boards, and commissions. Student government is listed under item 2.

Activity

Role

Dates

# of weeks of service

5. List part-time and full-time jobs and non-government internships held over the last 5 years

Type of work

Employer

Dates

Average # of hours of hours/week

6. List awards, scholarships, publications, or special recognitions you have received. List in descending order of significance

7. Describe one specific example of your leadership. *Please have at least one of the writers of letters of recommendation confirm this experience.*

Name \_\_\_\_\_

8. Describe a recent, particularly satisfying, public service activity (not the example from item 7). *Please have at least one if the writers of letters of recommendation confirm this experience.*
  
9. Describe the problem or need of society you want to address when you start your career in geriatric service. Please use and credit sources for information/statistical data to define the magnitude of the problem.
  
10. What are the three most significant courses you have taken in preparation for your career? Describe how each affects your intellect or prospect for continuing success. *Please have at least one if the writers of letters of recommendation confirm this experience.*
  
11. Provide the attached letters of recommendation to persons who can describe and give examples of your character, work ethic, reliability, potential, leadership, intellect, and other indicators of future success in a career serving the geriatric population. Letters should be received by NTAGS with a completed application. Reminder: applicants signed on page one: "I waive the right to modify letters of recommendation written on by behalf and tampering with such may disqualify me from the scholarship selection process." Letters of recommendation may be written by teachers, coaches, advisors, church members, bosses, neighbors, volunteer managers, and others who can vouch for your passion for excellence.
  
12. On up to two addition pages of paper, please include an essay describing what you want to accomplish in your career and how that will improve the life of the geriatric population. Include why you are particularly well suited for service to the geriatric population. Describe what you hope to do, achieve, and positions to hold over the next five years. Also include any other personal information you wish to share with the NTAGS Scholarship Committee and how it applies to your education, profession, or goals. Please format as double spaced, size 12 font, and 1" margins.



# Scholarship Application

## *Letter of Recommendation*

Name of Nominee \_\_\_\_\_

NTAGS Scholarships will be awarded to those applicants who demonstrate the desire to serve and demonstrate the characteristics necessary to be successful in careers serving the geriatric population.

Please confer with the applicant on their desired educational goals and example of leadership ability, public service, or intellect/prospect for continuing success they have provided in their application. Please discuss this applicant's example in your own words and elaborate on how this example has prepared or shown the development needed to be successful in their chosen field of study. Please use this as an opportunity to describe the applicant's character, work ethic, reliability, potential, leadership, intellect, and other indicators of future success in a career serving the geriatric population.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

In what capacity have you known the nominee? \_\_\_\_\_

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Your recommendation may be typed on the back of this form or on a separate sheet and attached to this form. Please sign and return the completed form to the nominee. The nominee is to provide this, and all other documents as instructed to NTAGS. **Applications and letters of recommendations are to be received by August 30<sup>th</sup> to be considered.**



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Your Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

In what capacity have you known the nominee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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