



The Helping Center LEARN for LIFE Scholarship

2026-2027 Academic Year

This scholarship provides funding to clients of The Helping Center and their family members and/or members of the general public residing in Burnet County. Applicants will be evaluated on the basis of achievement, financial need, and future plans. This scholarship is available to current high school seniors or adults seeking education for college credit or vocational certification. Once awarded, the scholarship may be received for up to a total of 4 years based on continued academic performance, approval by the scholarship committee, and availability of funding. Two (2) scholarships of up to \$2,000 per academic year will be awarded.

APPLICANT INFORMATION

Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: _____

School: _____

Grade Point Average: _____ / _____ (Student must have a minimum 3.0 GPA on a 4.0 scale)

FINANCIAL RESOURCES

Mother's Name: _____ Employer/Title: _____ Salary: _____

Father's Name: _____ Employer/Title: _____ Salary: _____

Where is your Primary Home (with whom do you live?):
 2-Parent home
 Mother's home Father's home
 Guardian Independent*

**To be considered independent you must be 18+ years of age and have been living in your own residence at your own expense, apart from your parents and/or guardian for at least twelve consecutive months. If you are an independent adult, please attach a page summarizing your current work position and salary, your place of residence, and any other financial resources you may have.*

How many siblings under age 21 do you have? _____

How many of your siblings are currently in college or vocational school? _____

Is your family a client of The Helping Center? _____

Does your family receive government or other aid? If so, please list:

APPLICANT APPRAISAL FORM

To the Applicant: This form is to be completed by 2 of the following persons: high school teacher/instructor, counselor, work supervisor. The individuals should know you well.

To the Adult Appraiser: You have been asked to provide information in support of this scholarship applicant. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

APPLICANT APPRAISAL for _____(name)

How long have you known the applicant? _____

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's respect for self and others is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate

Comments:

Appraiser's Name: _____

Signature: _____

Phone: (_____) _____

Organization: _____ Title: _____ Date: _____

APPLICATION CHECKLIST

✓ WHAT:

The application must be delivered in a sealed envelope marked "Scholarship Application". Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- This Student Application with two (2) completed Applicant Appraisals.
- Official transcript from your high school, verifying your GPA, class rank, and test scores.
- Copy of your Free Application for Federal Student Aid (FAFSA).

✓ WHERE:

**The Helping Center – Front Desk
1016 Broadway
Marble Falls, Texas 78654
Attn: Cindi**

**Monday – Friday
10:00 am – 1:00 pm**

If you are unable to deliver during the hours shown, your application may be delivered by a parent or other person.

✓ WHEN:

Your application must be received no later than 1:00 p.m. on May 1, 2026