



2020 James W. Tyra Memorial Scholarship Application

Personal Information

Date: ____ / ____ / 2020

Legal Name: _____

To qualify for this scholarship, your TOTAL ANNUAL HOUSEHOLD INCOME MUST BE **LESS THAN \$ 66,480**
Is your TOTAL ANNUAL HOUSEHOLD INCOME **LESS THAN \$66,480** (Y/N)? _____

Grade: _____ Age: _____ Expected Date of Graduation: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Phone: (____) ____ - ____ Date of Birth: ____ / ____ / ____

Are you a U.S. Citizen (or) Legal Resident Alien? ____ (Y/N) Email: _____

Are both of your parents living (Y/N)? ____ Do you reside with **both** of them (Y/N)? ____

If not, with whom do you reside? _____

Name of Father: _____ / Occupation: _____

Name of Mother: _____ / Occupation: _____

List names and ages of your family members/others supported by your parents in your household:

School Information:

Name of your High School: _____

Grade Point Average: _____ Class Rank: _____ Out of how many? _____

Counselor's Name & Phone No. _____ (____) ____ - ____

Principal's Name & Phone No. _____ (____) ____ - ____

Over →

To which college(s) have you applied?

Awards & Honors:

Please list any special honors/recognition you have received while attending high school (e.g. honors, medals, etc.) or for your community involvement?

Extra-Curricular Activities:

Please list any high school extra-curricular activities in which you have participated; such as, athletics, publications, debating, drama, club work, musical organizations, student government and/or community activities.

Employment Experience:

Employer's Name	Position Held	Dates Employed
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Additional Required Documentation:

- **Copy of your most recent high school transcript**
- **Two Letters of Recommendation** (One from a school staff member and one from a community member)
- **One Personal Letter** (Indicating your future goals, planned collegiate area of study, all sources of educational financing and any other information you would like to convey to the committee).
- **Proof of Household Income** – Copy of Parent(s)/Guardian(s) **2019 W-2** statement(s)

Signed: _____
Applicant

____ / ____ / ____
Date

Signed: _____
Parent/Guardian

____ / ____ / ____
Date

Submit completed applications to:

North Dallas Bank & Trust Co.
Attn: NDB Cares / Executive Office
12900 Preston Rd
Dallas, TX 75230

For Identification Purposes ONLY, please note your gender: _____