## TOTEM ASSOCIATION OF EDUCATIONAL SUPPORT PERSONNEL 2024/25 - \$1000 Dependent Student Education Scholarship Application

Name of Applicant:		Dat	Date:		
School Presently Attending:					
Address:					
City/State/Zip:			ne:#		
Tentative School Choice:		City/State:			
TOTEM Member Name (Parent/Le	egal Guardian)	:			
TOTEM Member Work Location:		Wo	rk Phone:		
*****	* * * * * * * *	*****	* * * * * * * * *	*****	
Required documents to be submit	ted with the T	OTEM Dependent Sc	holarship Appl	ication form:	
Applicant Essay (limited to three ( Major area of Study Specific educational and ca Personal commitment to ca	reer goals	) which includes:			
Statement of financial need (limited	d to two (2) ty	rped pages) which inc	ludes other sch	olarship applications.	
List of extracurricular activities/ho	nors received.				
Three (3) letters of recommendation	on (i.e. instruct	ors, administrators, er	mployers, and/o	or counselors).	
Current Official Transcripts					
Please – No plastic presentation o	covers, binder	rs, etc.			
* * * * * * * * * * * * * * * * * * *			*****	******	
Signature		Date		<del>_</del>	
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Judging:	100 Points	Possible			
Academic Record Essay Financial Need Extracurricular activities Recommendations	35 Points 25 Points 20 Points 10 Points 5 Points	Honors Classes	5 Points	(Possible 40 Points)	

Application must be received in the TOTEM office by 5:00 pm, March 15, 2024.

The decisions of the TOTEM Scholarship Committee are final.

Incomplete applications will not be considered. Applicants will be notified in April, 2024.