



109 N. Kaufman Street
(972) 287-5184

Seagoville, Texas 75159
Fax (972)-287-5815

seagovillechamber@sbcglobal.net

2019-2020 Joe Fanning Memorial Scholarship Program

The Seagoville Chamber of Commerce is pleased to be able to present scholarships for the 2019-2020 school year.

This scholarship fund was created in the memory of Joseph "Joe" Fanning.

Joe was a 1977 graduate of Seagoville High School where he was an avid football and baseball player.

He later went on to love the game of Golf.

Joe was known in the community for his generosity, friendship, and dedication to his loved ones. Always putting others before himself. He served his community tirelessly.

In establishing this scholarship, the Seagoville Chamber of Commerce, along with Joe's family and friends wish to recognize the dedication to continued education of a Seagoville High School student.

Applicants to the Joe Fanning Memorial Scholarship Program must:

- Be a graduating Senior from Seagoville High School
- The Graduate must have a GPA of 2.5 or higher
- Must show proof of enrollment to an institution of higher learning, which may be a 2-year or a 4-year college or vocational school.

The scholarships will be paid to the colleges selected by the winners and must be used for tuition, fees, books, and college housing expenses. Scholarship winners must carry a minimum of 12 hours.

The scholarship could be divided into two installments (Fall 2019 and Spring 2020) and paid only on semesters attended.

Applications are available through the Seagoville Chamber of Commerce Information and Tourism Bureau, 109 N. Kaufman Street – Seagoville, Texas 75159, (972) 287-5184 – seagovillechamber@sbcglobal.net.

Applications must be received by the Chamber April 15, 2019.

Email to: seagovillechamber@sbcglobal.net ATTN: Scholarships

Mail to:

Seagoville Chamber of Commerce

ATTN: Scholarships

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Seagoville

CHAMBER OF COMMERCE
INFORMATION
— (i) —
TOURISM BUREAU

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2019-2020 Joe Fanning Memorial Scholarship Program INSTRUCTIONS

- Complete application
- Provide two letters of reference from persons whom are not related to you. (i.e.; employer, educator, etc.)
- Include ALL transcripts from any high schools/colleges you have attended.
- Provide a 500-word (minimum) essay on why you deserve the scholarship and include your career plans.
- Sign and date application.
- Complete and include the check list when submitting your application.
- **MAIL OR EMAIL BY: APRIL 15, 2019** (mail MUST be RECEIVED by deadline date)

Applications must be received by the Chamber April 15, 2019.

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2019-2020 Joe Fanning Memorial Scholarship Program CHECKLIST

PLEASE USE THE CHECK LIST BELOW TO INSURE ALL DOCUMENTS ARE INCLUDED:

_____ Complete and signed application (4 pages)

_____ Letter of Reference (# 1)

_____ Letter of Reference (#2)

_____ Transcripts from **ALL** High Schools and Colleges attended

_____ Essay

I am submitting _____ number of pages (including my check list) by:

_____ email _____ postal mail

For Seagoville Chamber of Commerce use only:

Received Date: ____/____/____ Received By: _____

of pages _____ method received: _____ fax _____ email _____ postal mail

Received:

_____ Application _____ pg 1 _____ pg 2 _____ pg 3

_____ Reference letter 1 _____ Reference letter 2 _____ Transcript(s) (_____ number of transcripts)

_____ Essay _____ Check List



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2019-2020 Joe Fanning Memorial Scholarship Program APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK)

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Date of Birth: ____/____/____

Email: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact number: _____

Email: _____ Fax: ____/____/____



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FAMILY INFORMATION

Father's name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Employer Phone: _____

Mother's name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Employer Phone: _____

Do you have siblings? Yes _____ No _____

If yes, how many? _____

If yes, do they attend public school? Yes _____ No _____

If yes, have any gone ahead of you to attend college? Yes _____ No _____



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SCHOOL HISTORY (Schools attended, 9th – 12th grade, early college, etc. Please list all with dates)

School Name: _____ From ___/___/___ to ___/___/___

School Name: _____ From ___/___/___ to ___/___/___

High School Graduating from: _____

City: _____ Counseling office phone: _____

Date and time of awards ceremony: _____

SCORES (List all that apply)

SAT: _____

ACT: _____

GRE: _____

GMAT: _____

