

**Leander Independent School District**  
**Academic Advocates Association**  
**Faculty/Staff Scholarship/Grant Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Years in the district: \_\_\_\_\_

In what extra curricular and/or community activities do you participate? List any awards or accomplishments you feel are significant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Please attach a 150 – 200 word essay stating how you would use this scholarship/grant to improve yourself or your teaching environment.

I acknowledge that I am now and have been employed by the Leander Independent School District for at least two years.

I understand that this is a non-renewable scholarship and Leander Independent School District cannot make any representations or assurances regarding the award or availability of scholarships. I further understand that if I am awarded any scholarship/grant funds I will be required to report in writing to the Academic Advocates Scholarship Committee how the funds benefited the district and students.

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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Print and mail to: LISD Academic Advocates Scholarship, P.O. Box 1337, Leander, Texas 78646-1337  
Postmark DEADLINE March 22, 2010.