



**'GROW YOUR OWN' APPLICATION
(BACHELOR'S DEGREE)**

Lufkin Independent School District
P.O. Box 1407
Lufkin, TX 75902

PERSONAL DATA

_____ Last Name First Middle Social Security #

Current Address: _____
Street City/State Zip Code

Home Phone: _____ Alternate Phone: _____

EDUCATION BACKGROUND

High School Attended: _____ Year Graduated: _____

College Attended: _____ Hours Completed: _____ GPA: _____

ACT Scores: _____ SAT Scores: _____ TSI Scores: Reading _____ Writing _____ Math _____

AREA OF CONTENT (CIRCLE ONE)

EC-6 Math Science Special Education Bilingual

Other: _____

APPLICANT MUST MAINTAIN A 2.50 OR GREATER G.P.A.

PLEASE ATTACH THE FOLLOWING ITEMS WITH APPLICATION:

- A. 2 Letters of Recommendation (1 from current campus principal & 1 from an additional reference)
- B. Copy of High School / College Transcript (unofficial is acceptable)

Signature: _____ Date: _____

_____ **Approved** _____ **Not Approved**

Kurt Stephens _____ **Date** _____

NOTE: APPLICATION MUST BE RETURNED WITH ALL ATTACHMENTS TO DEPUTY SUPERINTENDENT, KURT STEPHENS, BY **MAY 25, 2022**, TO BE CONSIDERED FOR THE FALL SEMESTER OF 2022.