



## 'GROW YOUR OWN' APPLICATION (MASTER'S DEGREE)

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

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### PERSONAL DATA

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Last Name	First	Middle	Social Security #
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Current Address: \_\_\_\_\_

Street	City/State	Zip Code
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Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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### EDUCATION BACKGROUND

Bachelor's Degree Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Master's Degree Major (if applicable): \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Number of Master's Level Hours Completed or In-Progress: \_\_\_\_\_

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### AREA OF CONTENT (CIRCLE ONE)

History    Government    Economics    Science    Mathematics    English    Spanish

Other: \_\_\_\_\_

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### APPLICANT MUST MAINTAIN A 3.00 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. Include a statement (typewritten) indicating why you would like to be considered for the "Grow Your Own" Program and what you will contribute to the Dual Credit program of study.
- C. Copy of College Transcript (unofficial is acceptable)

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

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\_\_\_\_\_ **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.