## **Chino Valley Unified School District Scholarship Application**

APPLICANT MUST SUBMIT ORIGINAL, TYPED APPLICATION TO YOUR PRINCIPAL'S OFFICE, NO LATER THAN 4:00 P.M. MARCH 6, 2017

## NOTE: ILLEGIBLE/INCOMPLETE APPLICATIONS OR THOSE THAT DO NOT INCLUDE TRANSCRIPTS WILL BE DISQUALIFIED. TYPE ALL INFORMATION EXCEPT SIGNATURES.

If space provided in any section is inadequate, you may continue on an additional sheet of paper using the same format. DO NOT repeat information already reported on the application. Include your name and the name of the school on all attachments.

CATEGORY (Check One Only)	□ SPIRIT OF CVUSD	PRESIDENT'S AWARD	
	SUPERINTENDENT'S AWARD		

APPLICANT NAME DATA PERMANENT MAILING ADDRESS DATE OF BIRTH	Last Street Address City Tel (MM/DD/YYYY)	State	Apt # Zip Code
PARENT OR MOTHER'S GUARDIAN NAME INFORMATION FATHER'S NAME PARENT FINANCIAL DATA	Last Relationship to Applicant Highest Level of Education Last Relationship to Applicant Highest Level of Education_ Total Household Income <b>For President's Award ONLY: Please</b>	First	Phone MI Phone
HIGH SCHOOL DATA	School Name Graduation Date: Month		
TO BE COMPLETED BY HIGH SCHOOL COUNSELOR	The applicant's overall GPA Number of school-credited c ACT/SAT Score Counselor's Name School Counselor's Signature	ommunity service ho	urs Phone
COMMUNITY INVOLVEMENT	List all school activities in which you government, music, sports, etc.). Atta all community activities in which you <b>WORK EXPERIENCE</b> (such as Interact, Boy/Girl Scouts, Sp	ch an additional sheet if ne have participated without years. Note all special	ecessary. List employment. List pay during the past four years.

## **AWARDS & HONORS**

Activity/Employment	Yrs./Hrs.	Special Awards	Positions Held

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POST- SECONDARY SCHOOL	Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools in which you have applied.) Use official school names. Do not use abbreviations.				
DATA		City	State		
		City	State		
	□ 4 yr. College or University □ Community or Jr. College □ Vocational/Technical School □ Other Major or course of studyAnticipated date of grad				
	Anticipated degree		month/year		
GOALS AND ASPIRATIONS	On a separate sheet of paper, please describe your plans as they relate to your educational and career objectives and long-term goals, in 500 words or less.				
FINANCIAL NEED	Please describe your financial need for this award and how it will be used.				
COMMUNITY SERVICE	Please describe your community	service experience. What was	the most valuable aspect?		
REFERENCES	Name	Title			
	Affiliation	Email	Phone		
	Name				
	Affiliation				
	Affiliation Name	Email	Phone		
		EmailTitle	Phone		
CERTIFICATION	Name	EmailTitle Email ibility requirements of the prog complete and accurate to the b of of the information I have giv Jalification. This application	Phone Phone gram as described herein and best of my knowledge. If ven on this form. Falsification of becomes the property of Chino		
CERTIFICATION	Name Affiliation I certify that I meet the basic elig that the information provided is requested, I agree to provide pro- information will result in disqu	Title Title Email ibility requirements of the prog complete and accurate to the b of of the information I have giv ualification. This application t is recommended that you kee	Phone Phone gram as described herein and best of my knowledge. If yen on this form. Falsification of becomes the property of Chino p a copy for your files.		
CERTIFICATION	Name Affiliation I certify that I meet the basic elig that the information provided is requested, I agree to provide pro- information will result in disqu Valley Unified School District. It	EmailTitle Email ibility requirements of the prog complete and accurate to the b of of the information I have giv Julification. This application t is recommended that you kee	Phone Phone gram as described herein and best of my knowledge. If ven on this form. Falsification of becomes the property of Chino p a copy for your files. Date		
CERTIFICATION	Name Affiliation I certify that I meet the basic elig that the information provided is requested, I agree to provide prov information will result in disqu Valley Unified School District. It Applicant's Signature	EmailTitle Email ibility requirements of the prog complete and accurate to the b of of the information I have giv ualification. This application t is recommended that you kee	Phone Phone gram as described herein and best of my knowledge. If ven on this form. Falsification of becomes the property of Chino p a copy for your files. Date Date		