## 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 12, 2018

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)	<ul><li>□ SPIRIT OF CVUSD</li><li>□ SUPERINTENDENT'S AWARD</li></ul>		□ PRESIDENT'S AWARD □ McCOMBS SCHOLARSHIP			
APPLICANT NAME DATA  PERMANENT MAILING ADDRESS DATE OF BIRTH	LastStreet Address City Tel(MM/DD/YYYY)	Email_	State	Apt # Zip Code		
PARENT OR MOTHER'S GUARDIAN NAME INFORMATION FATHER'S NAME PARENT FINANCIAL DATA	Relationship to Applicationship to Applicationship to Applicationship to Applicationship to Applicationship to Educationship to Total Household Income	ant tion First_ ant tion	Phone MI Phone Copy of W-2 or 2016 Tax Return.			
HIGH SCHOOL DATA	School Name					
TO BE COMPLETED BY HIGH SCHOOL COUNSELOR	Number of school-credit ACT/SAT Score Counselor's Name School	ted community	(weighted)(unweighted) ty service hours Phone Date			
COMMUNITY INVOLVEMENT  AWARDS & HONORS	government, music, sports, etc. all community activities in white <b>WORK EXPERIENCE</b>	t all school activities in which you have participated during the past four years (e.g., student vernment, music, sports, etc.). Attach an additional sheet if necessary. List employment. List community activities in which you have participated without pay during the past four years.  ORK EXPERIENCE				
Activity/Employment	Yrs./Hrs. Specia	al Awards		Positions Held		

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. <b>Do not use abbreviations.</b>				
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	□ BA/BS □ Assoc	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 communit	y service experience. What was the	e most valuable aspect?		
REFERENCES	NameTitle				
	Affiliation	Email	Phone		
	NameTitle				
	Affiliation	Email	Phone		
	Name_	Title			
		Email			
CERTIFICATION	I certify that I meet the basic eligibility requirements of the program as described herein and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information I have given on this form. Falsification of information will result in disqualification. This application becomes the property of Chino Valley Unified School District. It is recommended that you keep a copy for your files.  Applicant's Signature				
	Parent/Guardian SignatureDate				
	Student's NameStudent's School				
	Student's School				