Chino Valley Unified School District
Scholarship Application Checklist
Class of 2020

Please indicate the scholarship for which you are applying:
(Students may only apply for one scholarship)

☐ **Spirit of CVUSD**
☐ **President's Award**
☐ **Superintendent's Award**
☐ **BAPS Charaties Educational Fund**

Please attach all documents:

☐ Completed Scholarship Application **(Must be typed)**

☐ Attendance Record for Grades 11 and 12 **(From Aeries)**

☐ Grade Point Average **(Official School Transcript only - Directly e-mail counselor to request)**

☐ Financial Need – **All applications for President's Award** must include a copy of W-2 or Parent/Guardian 2018 or 2019 Income Tax Return

☐ Essay: Goals and Aspirations

Please provide your signature indicating that all of the above documents, as required, are attached:

_____
Student Signature

APPLICATION MUST BE SUBMITTED TO THE COMMUNICATIONS DEPARTMENT, NO LATER THAN 12:00 P.M. ON May 11, 2020.

Chino Valley Unified School District Scholarship Application

APPLICANT MUST SUBMIT ORIGINAL, TYPED APPLICATION TO imee_perius@chino.k12.ca.us and

andrea_johnston@chino.k12.ca.us,

NO LATER THAN 12:00 P.M. MAY 11, 2020

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   □ BAPS CHARITIES

APPLICANT DATA

NAME
Last_____First_____MI_____

PERMANENT MAILING ADDRESS
Street Address_____Apt #_____
City_____State_____Zip Code_____
Tel_____Email_____

DATE OF BIRTH
(MM/DD/YYYY)_____

PARENT OR GUARDIAN INFORMATION

MOTHER'S NAME
Last_____First_____MI_____
Relationship to Applicant_____Phone_____
Highest Level of Education_____

FATHER'S NAME
Last_____First_____MI_____
Relationship to Applicant_____Phone_____

PARENT FINANCIAL DATA
Highest Level of Education_____
Total Household Income_____
For President's Award ONLY: Please attach a copy of W-2 or 2018 or 2019 Tax Return.

HIGH SCHOOL DATA
School Name_____
Graduation Date: Month_____

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR
The applicant's overall GPA is_____(weighted)_____(unweighted)
Number of school-credited community service hours_____
ACT/SAT Score_____
Counselor's Name_____
School_____Phone_____
Counselor's Signature_____Date_____

COMMUNITY INVOLVEMENT

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). Attach an additional sheet if necessary. List employment. List all community activities in which you have participated without pay during the past four years. **WORK EXPERIENCE _____years.** Note all special awards, honors and offices held (such as Interact, Boy/Girl Scouts, Special Olympics, church).

AWARDS & HONORS

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

POST-SECONDARY SCHOOL DATA	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.** _____City_____State_____ _____City_____State_____ ☐ 4 yr. College or University ☐ Community or Jr. College ☐ Vocational/Technical School ☐ Other Major or course of study_____Anticipated date of grad._____ month/year Anticipated degree ☐ BA/BS ☐ Associate ☐ Certificate
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_____Title_____ Affiliation_____Email_____Phone_____ Name_____Title_____ Affiliation_____Email_____Phone_____
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_____Date_____ Parent/Guardian Signature_____Date_____ Student's Name_____ Student's School_____