



CHINO VALLEY UNIFIED SCHOOL DISTRICT

SENIOR SCHOLARSHIP APPLICATION CHECKLIST

CLASS OF 2024

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

- ☐ SPIRIT OF CVUSD AWARD
- ☐ SUPERINTENDENT'S AWARD
- ☐ PRESIDENT'S AWARD

PLEASE ATTACH ALL REQUIRED DOCUMENTS:

(Applications that are not complete or missing required documents will be disqualified)

- ☐ Completed Scholarship Application **(Must be typed)**
- ☐ Attendance Record for Grade 12 **(From Aeries Portal)**
- ☐ School Transcript **(Unofficial copy with counselor signature acceptable)**
- ☐ Essay: Goals and Aspirations
- ☐ President's Award ONLY - Copy of Parent/Guardians' W-2, 2022, or 2023 Income Tax Return

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

Applicant's Signature (Original) : _____

APPLICANT MUST SUBMIT ORIGINAL **TYPED** APPLICATION TO
andrea_johnston@chino.k12.ca.us, no later than 11:59 p.m. on APRIL 26, 2024.

CHINO VALLEY UNIFIED SCHOOL DISTRICT SCHOLARSHIP APPLICATION

APPLICANT MUST SUBMIT ORIGINAL **TYPED** APPLICATION TO
andrea_johnston@chino.k12.ca.us, no later than 11:59 p.m. on APRIL 26, 2024.

NOTE: INCOMPLETE APPLICATIONS OR THOSE THAT DO NOT INCLUDE TRANSCRIPTS WILL BE DISQUALIFIED.

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 only one

☐

SPIRIT OF CVUSD

☐

SUPERINTENDENT'S AWARD

☐

PRESIDENT'S AWARD

APPLICANT DATA

Full Name : _____
Street Address : _____ City/Zip : _____
Tel : _____ E-Mail : _____

PRESIDENT'S AWARD INFO

FOR PRESIDENT'S AWARD ONLY: Please attach a copy of W-2, 2022, or 2023 Tax Return.

Mother's Name : _____ Tel : _____
Father's Name : _____ Tel : _____
Total Household Income : _____

HIGH SCHOOL DATA

School Name : _____
Graduation Date (MM/YY) : _____

COMPLETED BY HS COUNSELOR

Applicant's overall GPA is _____ (weighted) _____ (unweighted)
Counselor's Name : _____ Tel : _____
Counselor's Signature (Original) : _____ Date : _____

COMMUNITY AND SCHOOL INVOLVEMENT

List all school activities, community activities, and employment in which you have participated in during the past four years (e.g. student government, music, sports, etc.). Attach an additional sheet if needed.

Activity/Employment	Yrs/Hrs	Position

List all awards and honors received during the past four years. Attach an additional sheet if needed.

Award/Honor	Year Received	Awarding Organization

POST-
SECONDARY
SCHOOL
DATA

Name of post-secondary school you plan to attend. Please lease in order of preference the schools in which you have applied. Use **official** names. **Do not use abbreviations.**

School : _____ City/State : _____

School : _____ City/State : _____

☐ 4 yr. College/University

☐ Community/Jr. College

☐ Vocational/Technical School

☐ Other _____

Major : _____ Anticipated Grad Date : _____

Anticipated Degree Earned : ☐ BA/BS ☐ Associate ☐ Certificate

GOALS &
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 briefly describe your financial need for this award and how it will be used.

COMMUNITY
SERVICE

Please briefly describe your community service experience. What was the most valuable aspect?

REFERENCES

Please provide names and contact information for three references.

Name : _____ Title : _____

Affiliation : _____ Years Known : _____

Tel : _____ E-Mail : _____

Name : _____ Title : _____

Affiliation : _____ Years Known : _____

Tel : _____ E-Mail : _____

Name : _____ Title : _____

Affiliation : _____ Years Known : _____

Tel : _____ E-Mail : _____

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 my disqualification. This application becomes the property of the Chino Valley Unified School District. It is recommended that you keep a copy for your files.

Applicant's Signature (Original) : _____ Date : _____

Parent's Signature (Original) : _____ Date : _____