

## CHINO VALLEY UNIFIED SCHOOL DISTRICT

## SENIOR SCHOLARSHIP APPLICATION CHECKLIST CLASS OF 2025

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, 2023 or 2024 Income Tax Return Please provide your signature indicating that all of the above documents, as required are attached: Applicant's Signature (Original):

## 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 25, 2025**.

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

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 AW	ARD PRESIDENT'S AWARD
APPLICANT DATA			City/Zip :
PRESIDENT'S AWARD INFO	Father's Name :		V-2, 2023, or 2024 Tax Return.  Tel:  Tel:
HIGH SCHOOL DATA	School Name: Graduation Date (MM/YY):		
COMPLETED BY HS COUNSELOR COMMUNITY	Annlicant's overall GPA is	II GPA is (weighted) (unweighted)  e: Tel :  ture (Original) : Date :  es, community activities, and employment in which you have participated in during the cudent government, music, sports, etc.). Attach an additional sheet if needed.	
BY HS COUNSELOR	Counselor's Name :  Counselor's Signature (Original List all school activities, community of the community o	<b>zinal):</b>	Tel: Date: which you have participated in during the
BY HS COUNSELOR	Counselor's Name :  Counselor's Signature (Original List all school activities, community of the community o	<b>zinal):</b>	Tel: Date: which you have participated in during the
BY HS COUNSELOR COMMUNITY AND SCHOOL	Counselor's Name:  Counselor's Signature (Original Counselor's	ginal):  ity activities, and employment in ernment, music, sports, etc.). Atta  Yrs/Hrs	Tel: Date: which you have participated in during the ch an additional sheet if needed.

POST- SECONDARY SCHOOL DATA	- The consider contensity	cuse abbreviations. City/State :
GOALS & ASPIRATIONS	On a separate sheet of paper, please describe your plar career objectives and long-term goals, in 500 words or l	
FINANCIAL NEED	Please briefly describe your financial need for this awar	
COMMUNITY SERVICE	Please briefly describe your community service experie	nce. What was the most valuable aspect?
	Please provide names and contact information for three	e references.
REFERENCES	Name :	
	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 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 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 :