



2025 Scholarship Application

**APPLICATION FORM**

To be completed by the student (applicant). Type or print in black ink.

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**High School Information**

Name of High School \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**College of Interest Information**

Please list the colleges you have applied for and circle your current status:

College \_\_\_\_\_ Accepted Will Attend Want to Attend

College \_\_\_\_\_ Accepted Will Attend Want to Attend

College \_\_\_\_\_ Accepted Will Attend Want to Attend

Trade School \_\_\_\_\_ Accepted Will Attend Want to Attend





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**REFERENCE FORM**

*To be completed by the student's Counselor.*

The purpose of this scholarship is to acknowledge the achievements of high school seniors and to provide an incentive for students to continue their education.

Name of Student \_\_\_\_\_

This student has applied to Soroptimist International of the Chino Valley, Inc. for a scholarship. Please include this reference form and attach a separate letter of recommendation, which MUST be written specifically for this applicant. Copies of recommendation letters for college are not acceptable. Information provided will be considered confidential. Please limit the letter to one page. Include information regarding:

- 1) What capacity you know the student.
- 2) Your evaluation of the abilities, attitudes and potential of the student and comments regarding student's achievements and personal qualifications.

Name of Counselor member completing form \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

YOUR COUNSELOR WILL RETURN DIRECTLY TO THE CAREER CENTER