

CASUAL BECAUSE WE CARE SCHOLARSHIP

APPLICATION FORM

Completed applications and required forms should be returned to Ms. Vassilakos
by **March 19th, 2010.**

All material that is submitted must arrive in one package.

Any material that is submitted separately will not be accepted.

Incomplete applications will not be accepted, nor will any material be returned.

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

HIGH SCHOOL

GRADE POINT AVERAGE _____

CLASS RANK _____

SCHOOL ACTIVITIES

Describe your duties and years involved. Use included space or an additional sheet as necessary.

ACTIVITY/HONORS	YEARS INVOLVED AND DUTIES/RESPONSIBILITIES
Student Council	
Class Officer	
National Honor Society	
School Publications	
School-Related Clubs	
School Sports Teams	
Academic Honors	
Local/National Honors	
Other Honors	

EMPLOYMENT HISTORY

Attach an employment history, indicating any jobs you have held outside the home for one month or longer during the last three years. Include duties and responsibilities, and the average number of hours worked per week for each job.

COMMUNITY ACTIVITIES/COMMUNITY SERVICE HISTORY

Attach a community activities/service history, indicating any volunteer work you have done in the last three years. Include duties and responsibilities, and the average number of hours volunteered per week for each project. List any awards or recognition you received.

APPLICANT'S LETTER

In an accompanying letter, briefly describe your educational and career goals and describe, in your own words, the attributes of a successful college student.

The letter shall be:

No more than two typed pages

Single side

Double spaced

Using a font in 10 or 12 point.

APPLICANT AUTHORIZATION

I certify that all statements contained herein are true and made in good faith. I understand that the selection of scholarship winners and the determination of the amount of the scholarship will be administered by the Webberville Area Scholarship Foundation.

Applicant's Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

Name _____

Street Address _____

City/State/Zip Code _____

Phone Number _____

I authorize the release of this information and the participation of _____
in the Webberville Area Scholarship Foundation.

Parent/Guardian Signature _____ Date _____

PRINCIPAL/COUNSELOR AUTHORIZATION

Name _____ Date _____

I have reviewed the application and certify that the information is correct, and to the best of my knowledge, the applicant has applied for admission to an accredited U.S. post-secondary institution.

Signature _____ Date _____

CHECKLIST

Please ensure the following are completed and/or enclosed:

_____ Name Section	_____ Applicant Letter
_____ High School Section	_____ High School Transcript
_____ School Activities Section	_____ Applicant Signature
_____ Employment History	_____ Parent/Guardian Signature
_____ Community Service History	_____ Principal/Counselor Signature

**Winners will be notified at Awards Night. The committee's decision is final.
Questions can be directed to Mr. Smith in the counseling office.**