

# Scenic Coast Foundation Education Scholarship Application

## SECTION A – Student’s Identification Information

1. Student Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Best Contact Phone Number \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. State of Legal Residence \_\_\_\_\_
6. Are you or an immediate family member a member of the Scenic Coast Association of Realtors®?  
\_\_\_ Yes \_\_\_ No  
If Yes, please provide name and relationship: \_\_\_\_\_
7. If selected as a scholarship recipient, will you allow your name and photograph to be used in any press release issued to the news media (newspapers, tv, radio, real estate and other related publications) regarding grant recipients and the program? \_\_\_ Yes \_\_\_ No

## SECTION B – Student’s Education Information

**Please ensure that a copy of your transcript is attached to this application**

1. List all High Schools, Colleges, and Universities that you have attended.

<u>NAME OF INSTITUTION</u>	<u>DATES ATTENDED</u>	<u>MAJOR/DEGREE</u>	<u>GPA</u>
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2. Have you been accepted to a college/university/trade school? \_\_\_ Yes \_\_\_ No

If Yes, which school? \_\_\_\_\_

If No, please list your top 3 choices for school/college, in order of preference:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

3. What is your degree objective? \_\_\_ Certificate \_\_\_ Associates \_\_\_ Bachelor’s \_\_\_ Graduate

Area of focus for degree/certificate: \_\_\_\_\_

4. Date you expect to complete this objective: \_\_\_\_\_

5. Number of units in which you are currently enrolled: \_\_\_\_\_ System: \_\_\_ Quarter \_\_\_ Semester

6. Where will you live next year (beginning upcoming academic year)?

\_\_\_ Home \_\_\_ Dorm \_\_\_ Off-Campus \_\_\_ Relatives

7. Briefly describe your plans and ambitions:

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**SECTION C – Student’s Financial Information: Additional Information May Be Requested**

1. Have you completed the Free Application for Federal Student Aid (FAFSA)?

\_\_\_ Yes \_\_\_ No, but I plan to apply \_\_\_ No, and I do not plan to apply

If you do not plan to apply, please briefly explain why:

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2. Will your parents or anyone else claim you as a dependent this year? \_\_\_ Yes \_\_\_ No (if No, skip to #5)

3. The total number of dependents your parents will claim next year will be? \_\_\_\_\_

4. How many household family members will be in college next year? \_\_\_\_\_

5. How are your tuition and living expenses paid? \_\_\_% Family \_\_\_% Work \_\_\_% Scholarships/Grants  
\_\_\_% Other If Other, please explain: \_\_\_\_\_

6. What savings do you have available to apply to your education?

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7. Give a brief explanation of your financial status, and any special financial needs you may have which should be considered by the scholarship selection committee:

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8. List any financial aid that you have been awarded, with the amounts of each:

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9. Employment Record – (List Current/Most Recent Employer First)

Company: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**SECTION D – Letters of Personal, Educational or Professional Recommendation**

1. Please provide three letters of recommendation from individuals who are not related to you.
2. Please provide three teacher recommendations (see attached recommendation checklist on last page)

**SECTION E – Student’s Extracurricular Activities**

**Athletic and Intramural Extracurricular Activities**

(Student Government, Band, Basketball, Chess Club, etc.)

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**Community and Volunteer Services**

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**Awards, Honors and Other Achievements**

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**Please attach on a separate page an explanation as to why you believe you should receive this scholarship. (150 words maximum)**

**Please ensure that your name appears at the top of each page of this application - Incomplete applications will not be reviewed.**

I certify that all information provided on this form is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TEACHER RECOMMENDATION CHECKLIST**

In marking the following ratings, please keep in mind that these will be used as an assessment tool to determine the awards of local scholarships. Please rate the student realistically in comparison with other college-bound seniors.

- |                                      |                                   |                               |                               |                                    |                                   |
|--------------------------------------|-----------------------------------|-------------------------------|-------------------------------|------------------------------------|-----------------------------------|
| 1. Academic self-discipline          | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 2. Academic creativity               | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 3. Excitement about ideas            | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 4. Academic growth potential         | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 5. Self-confidence                   | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 6. Warmth of personality             | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 7. Sense of humor                    | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 8. Energy                            | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 9. Emotional maturity                | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 10. Personal initiative              | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 11. Respect by faculty/adult leaders | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 12. Leadership                       | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 13. Concern for others               | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |
| 14. Reaction to setbacks             | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No Basis |

Please be sure to comment on these qualities, as well as any other topics you feel are important, in your written evaluation, providing specific examples if possible. Comments: (attach additional sheets if needed)

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How long have you known the candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Your Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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