



COMMUNITY SCHOLARSHIP APPLICATION 2023-2024

Name: _____ ID: _____ Age: _____ Male ☐ Female ☐
Last First Middle Initial

Address: _____
Street City State Zip Code

School (Circle One): Auburn HS, Auburn Mountainview HS, Auburn Riverside HS, West Auburn HS GPA: _____

Home Phone: _____ Student Cell Phone: _____ Student Email: _____

This application allows Auburn District seniors to be considered for all scholarships awarded by donors in the Auburn community. The selection committee will consist of scholarship donors or representatives from the community. Recipients of local scholarships will be announced at each school's annual Senior Awards Night at the end of the school year. **Only students who will graduate from a high school in the Auburn School District are eligible to apply.** Upload application packets (application and letters of recommendation) to the Google Form by **March 31, 2024**.

A completed application packet requires:

- **Typed Community Scholarship Application**
- **Two letters of recommendation (No more than two will be accepted)**
 - **Letter of Recommendation:** written by someone in the education community (teacher, counselor, etc.)
 - **Personal letter of recommendation:** written by anyone who can speak to your character, skills, leadership, special circumstances, financial need, etc.

Some scholarships require additional information. Please check all that apply (double click on box to mark those areas that apply)

Planning to study: <input type="checkbox"/> Aviation <input type="checkbox"/> Education <input type="checkbox"/> Health Science/ Medical <input type="checkbox"/> Technical Trades	Member of: <input type="checkbox"/> ASB <input type="checkbox"/> DECA <input type="checkbox"/> FBLA <input type="checkbox"/> Key Club <input type="checkbox"/> Leadership <input type="checkbox"/> Robotics	School Programs: <input type="checkbox"/> Band <input type="checkbox"/> Choir <input type="checkbox"/> CTE Tech classes <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Drama <input type="checkbox"/> Orchestra <input type="checkbox"/> Running Start	Sports: <input type="checkbox"/> Cheer <input type="checkbox"/> Football <input type="checkbox"/> Swim <input type="checkbox"/> Wrestling <input type="checkbox"/> Other sports involved in:	Disability: <input type="checkbox"/> Hearing or Vision Impaired <input type="checkbox"/> Disabled
<input type="checkbox"/> Patient of Molen Orthodontics <input type="checkbox"/> Parent is member of: <input type="checkbox"/> PSEA <input type="checkbox"/> PSEA-T <input type="checkbox"/> AAEP <input type="checkbox"/> Attended Lake View Elementary <input type="checkbox"/> Attended Terminal Park Elementary <input type="checkbox"/> Attended Olympic Middle <input type="checkbox"/> Community Service Approximate # of hours during 9-12th: _____				

Type of school you plan to attend: ☐ 4 year ☐ Community College ☐ Public Technical College ☐ Private Career School

Choice of college/school: _____

Area of Study: _____ Future Career: _____

State why you have chosen this field of study/intended career and explain how education will help you attain your goals. Please limit to 300-350 words. Answer on a separate document.

FAMILY DATA

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

*City*_____
*State*_____
*Zip*_____
*City*_____
*State*_____
Zip

Occupation: _____

Occupation: _____

Single Parent Household? ☐

Number of children in family who are:

Older than yourself? _____

Younger than yourself? . _____

Number in college (including yourself)? _____

FINANCIAL INFORMATION**If you choose not to complete this section, you will not be considered for scholarships requiring proof of need.**

Estimate, as accurately as possible, your expenses for the academic year of this request, using the college you are most likely to attend. Additionally, please estimate the income you expect in order to meet these expenses.

☐ Check if you qualify for Free or Reduced Lunches**EXPENSES** for Academic Year

Tuition and required fees _____

Books and supplies _____

Room and board _____

Other (Personal, _____

Transportation, Tech and
Recreation Fees, and Loan
fees) _____**ANTICIPATED INCOME** per year

Savings for education _____

Summer employment _____

Scholarships _____

Family Help _____

Total anticipated expenses _____

Total anticipated income _____

Please provide any additional financial information that may be helpful to the scholarship committee.

SUMMARY OF HIGH SCHOOL ACTIVITIES AND PROGRAMS

Please tell us about your involvement in each of the areas below.

Feel free to include the number of hours, offices held, leadership roles you may have had, involvement in special projects, etc.

1. Special Interests/Hobbies/Talents:

2. Awards and honors received in high school and the year received:

3. Activities and/or volunteer work outside the school setting in years 9-12:

4. High school clubs and activities you have participated in years 9 through 12:

5. Athletic participation (include years) both in and out of school.

6. Leadership experiences (offices held, committee chairs, team leader, etc.).

Some scholarships require additional information. If you want to be considered for one of the following scholarships, please follow the directions for the required additional information.

The links can be found on the application information page.

- ARHS Booster Club Scholarship (ARHS only)
- Bob Jones Service Scholarship (AHS only)
- Deb Landis Scholarship (AMHS only)
- Key Club Scholarship (AHS and AMHS only)
- Lake View Elementary Alumni Scholarship
- LaPointe Scholarship (AHS only)
- McDonald/Mead Wrestling Scholarship
- Molen Orthodontics Scholarship (AHS, AMHS, ARHS only)
- Skeevie Shelton Memorial Scholarship (AHS only)