Citrus High School

Else Smeltz Memorial

SCHOLARSHIP APPLICATION

DUE: **APRIL 20, 2021**

AWARD AMOUNT: $500.00 But May Be Adjusted at Award Time

*SUBMIT TO:Guidance Office*

## SUBMISSION INFORMATION

* This scholarship will be due by April 20, 2021.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| NAME |  |
| ADDRESS |  |
| CITY |  |
| STATE |  |
| PHONE NUMBER |  |
| BIRTH DATE |  |
| AGE |  |
| PARENT/GUARDIAN |  |

How many siblings do you have, and how many will be in college next year?

**The following section must be verified by the Guidance Department – *no transcript necessary.***

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| CUMULATIVE GPA |  |
| ACT SCORE |  |
| SAT VERBAL SCORE |  |
| SAT MATH SCORE |  |
| COMMUNITY SERVICE HOURS |  |
| VERIFIED INITIALS |  |

Have you received any other scholarship offers?

☐Yes

☐No

What is the college or program that you plan to attend?

What is the estimated cost for one year?

What is your family income range? Check the one that is most appropriate for your family.

☐Under $20,000

☐$21,000 to $40,000

☐$41,000 to $60,000

☐$61,000 to $80,000

☐$81,000 to $100,000

☐$101,000+

What is your father’s occupation?

What is your mother’s occupation?

Do you qualify for free or reduced lunch at school?

☐Yes

☐No

Please attach a resume or list of all extra-curricular activities and community service. Explain your goals, aspirations, financial needs, and how your community and school involvement will enhance your future.

1. ESSAY: Write a 250-500-word double-spaced essay including the following:
   * Your name at the top
   * What you want us to know about you as a person and a student
   * Why you want to attend college and what your future goals are
   * How you plan to pay for your education and what challenges you anticipate
2. LETTERS OF RECOMMENDATION: Please attach three letters of recommendation: two from school personnel and one from a non-school person such as a pastor, employer, mentor, or coach (cannot be a relative).
3. SCHOOL AFFILIATED EXTRA CURRICULAR ACTIVITIES: Please list all extracurricular activities including academic, athletic, performing arts and special interest activities. Indicate the years that you participated in each activity, and your role in the organization (officer, member, captain).

|  |  |  |  |
| --- | --- | --- | --- |
| ORGANIZATION NAME | SCHOOL YEARS/GRADES PARTICIPATED | LEADERSHIP POSITIONS | ORGANIZATION FUNCTIONS AND ACTIVITIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Add more rows if you have more school affiliated extracurricular activities)

4. COMMUNITY AND VOLUNTEER ACTIVITIES: Please list high school community and volunteer activities you have participated in using the table format below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACTIVITY | SCHOOL YEARS/GRADES PARTICIPATED | # OF HOURS PER YEAR | ROLE IN ACTIVITY | WHY YOU CHOSE TO PARTICIPATE IN THIS ACTIVITY |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Add more rows if you have more community and volunteer activities)

5. WORK EXPERIENCE (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER | TYPE OF WORK | HOURS PER WEEK | DATES EMPLOYED |
|  |  |  |  |
|  |  |  |  |

(Add more rows if you had more work experiences)

6. TRANSCRIPT: Please attach an official copy of your transcript.

**Paperclip these pages together if submitting a physical copy. Do not use staples.**

The applicant and a parent of the applicant must sign and date the cover sheet after filling it out.

|  |  |
| --- | --- |
| **Applicant Signature:** | **Date:** |
| **Parent Signature:** | **Date:** |

**☐** I (the applicant) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**☐** I (the parent) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.