CARING COMMUNITY FOUNDATION

2019 SCHOLARSHIP APPLICATION FORM

USD 322 ONAGA

DUE: Monday April 15, 2019

This form is to be used for scholarships offered through the Caring Community Foundation for USD 322 Onaga graduating seniors. Please fill out the form as completely as possible and return to Ms. Michelle Krause, USD 322 Counselor.

SCHOLARSHIPS  Please check all that you are eligible for and wish to be considered for. Scholarship amounts may vary from year to year; check with your school counselor.

___Jennifer K. Moore Nursing Scholarship. Renewable. For students pursuing a BSN.

___Onaga Alumni Scholarship. For all areas of study, trade school or college.

___Community HealthCare System (CHCS) Healthcare Scholarship. For the pursuit of a healthcare career.


___Bruce Wayne Stallard Scholarship. Renewable. For all areas of study, trade school or college.

___Walter Byers Scholarship. For all college programs of study.

___Community Hospital District #1 Healthcare Scholarship. Renewable. Must live in the hospital district and plan to pursue a healthcare career.

STUDENT INFORMATION

_________________________________________________________________________________________

Name                     Phone number  Email
_________________________________________________________________________________________

Address                  City           Zip code
_________________________________________________________________________________________

Parent/Guardian name  Phone number  Email
_________________________________________________________________________________________

ACT (composite) or SAT Verbal/Math  GPA  Class rank  number in class  Name of school
FAMILY INFORMATION

List family members, their relationship to applicant and ages of the minors. Place a check mark beside any that are also in a post-secondary program.

__________________________________________________________________________________________

SCHOOL ACTIVITIES

List the athletic activities, clubs and organizations you have been involved in over the past 4 years. Also note any offices held and what years. (e.g. Kays – 9th, 10th, 11th, secretary in 11th)

__________________________________________________________________________________________

__________________________________________________________________________________________

SPECIAL HONORS/AWARDS

List any awards or special recognition here (e.g., a 1 rating in band senior year)

__________________________________________________________________________________________

__________________________________________________________________________________________

COMMUNITY SERVICE

List any service done in the local community outside of school hours. May have been in conjunction with a school organization.

__________________________________________________________________________________________

__________________________________________________________________________________________

OTHER INTERESTS

List areas of special interest, hobbies or talents.

__________________________________________________________________________________________

__________________________________________________________________________________________
WORK EXPERIENCE
List any regular jobs and approximate time of employment. (e.g., worked 15 hours/week at Smith’s Gas Station for 3 summer months of 2017). Then list general non-regular jobs and approximate length of work. (e.g. babysitting for neighbors for 2 years).

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AFTER GRADUATION PLANS
List the technical school, community college, college or university you plan to attend. List several if undecided.

_____________________________________________________________________________________

_____________________________________________________________________________________

Intended area of study. List in order of current preference.
1) ___________________________________________ 2) _______________________________________
3) ___________________________________________ 4) _______________________________________

RECOMMENDATIONS
Include two (2) letters of recommendation in a sealed envelope with this application, or deliver to school counselor if completing the application online. Letters from relatives are not acceptable and not more than one letter should be from a faculty member. Please name your recommendations and their relationship to you below.

_____________________________________________________________________________________

ESSAY
(200 – 300 words) What qualities do you possess that would make you the best recipient of this scholarship? Please attach your essay on a separate sheet of paper. Be sure to include your name at the top.

By signing below I understand that my application and any material submitted will be viewed by the scholarship committee which may include community members.

_________________________________________ Date

Student signature

_________________________________________ Date

Parent signature

_________________________________________ Date

School official signature