

CARING COMMUNITY FOUNDATION

2024 SCHOLARSHIP APPLICATION FORM

USD 335 JACKSON HEIGHTS

DUE: _____ to Ms. Dani Alley, USD 335 School Counselor

This form is to be used for scholarships offered through the Caring Community Foundation for USD 335 Jackson Heights graduating seniors. Please fill out the form as completely as possible.

SCHOLARSHIPS Please check all that you are eligible for and wish to be considered for.

___Community HealthCare System (CHCS) Healthcare Scholarship. \$1000 For the pursuit of a healthcare career.

___Walter Byers Scholarship. \$1000 For all college programs of study.

STUDENT INFORMATION

Name	Phone number	Email
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Address	City	Zip code
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Parent/Guardian name	Phone number	Email
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ACT (composite) or SAT Verbal/Math	GPA	Class rank	number in class	Name of school
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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. Address financial needs.

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).

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.

Student signature _____ Date _____

Parent signature _____ Date _____

School official signature _____ Date _____