



# 2019 scholarship application

Please **type** or **print**. Illegible or incomplete applications will be returned.

|  |   |                            |                                   |  |  |  |  |
|--|---|----------------------------|-----------------------------------|--|--|--|--|
| <b>1.</b>  | First name: _____ Last name: _____  |                            |                                   |  |  |  |  |
| <b>2.</b>  | Mailing address<br>Street/P.O. Box: _____<br>City: _____ State: _____ Zip: _____  |                            |                                   |  |  |  |  |
| <b>3.</b>  | Best phone number to reach you: _____ Email: _____  |                            |                                   |  |  |  |  |
| <b>4.</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Current high school: _____</td> <td style="width: 40%;">Number of years attended<br/>_____</td> </tr> <tr> <td>If home schooled, please check box: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>If GED, please indicate date received: _____</td> <td></td> </tr> </table>   | Current high school: _____ | Number of years attended<br>_____ | If home schooled, please check box: <input type="checkbox"/> |  | If GED, please indicate date received: _____ |  |
| Current high school: _____                                   | Number of years attended<br>_____   |                            |                                   |  |  |  |  |
| If home schooled, please check box: <input type="checkbox"/> |   |                            |                                   |  |  |  |  |
| If GED, please indicate date received: _____                 |   |                            |                                   |  |  |  |  |
| <b>5.</b>  | <p>Have you been accepted into an accredited post-secondary program or college for the fall of 2019 as of this submission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide institution name(s): _____</p> <p>If not, please indicate the name of the institution(s) you plan to attend: _____</p> <p><b>Proof of student enrollment from the school is required prior to the release of funds.</b></p> |                            |                                   |  |  |  |  |
| <b>6.</b>  | Career goal (please be specific):<br><br><br>   |                            |                                   |  |  |  |  |
| <b>7.</b>  | <p>Name and address of parent(s) or legal guardian(s)</p> <p>Name(s): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Primary phone of parents or legal guardians: _____</p>  |                            |                                   |  |  |  |  |

Continue application on back.



8.

Please describe your financial need. Include any financial aid you will receive and/or any circumstances that would help the committee understand your financial situation.

9.

List your city, community and civic involvement activities. (No additional materials will be accepted)

10.

List your school involvement and academic honors and awards. (No additional materials will be accepted)

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**Personal essay**

On a separate piece of paper please write a concise response to the following question. Please submit your answer in Arial or Times New Roman 12 point font, double-space, and limit the length to two pages.

*A sign of a good leader is being able to guide yourself and others through both good and challenging times, demonstrating high standards of responsibility, and showing commitment to community. Tell a story about a significant community responsibility you assumed or were given. How did this experience help you grow as a leader? How did the project impact others? What did you gain?*

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**Applicant checklist (send completed application packet to city for consideration):**

- Completed application including essay
- Letter of recommendation - From a non-relative  
*This is separate from the recommendation letter from the city*
- Completed and signed release form

Note:  
Must be in good academic standing  
Must plan to graduate spring/summer 2019

13.

**Statement of accuracy**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Center's scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Submit scholarship application to city for consideration.***

## Release and consent for use of name and image/photo

The purpose of this form is to request permission to use your photo/image and name in our scholarship program materials, website, and/or social media as part of the AWC Center for Quality Communities.

I grant permission for me/my child's photo/image and name to be used in connection with the AWC Center for Quality Communities' scholarship program materials, website, and/or social media, including any and all uses of video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I/my child may be portrayed.

Nothing herein shall constitute any obligation on the part of the AWC Center for Quality Communities to make any use of any of the materials or rights granted.

I hereby grant permission and execute this release as of the date and year below.

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Signature

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Signature of parent or guardian  
(required for minors under 18 years of age)

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Printed name

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Relationship to minor

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Date

If you or a parent or guardian wish to rescind this agreement and remove your child's information or photo, you may do so at any time in writing by sending a letter to the AWC Center for Quality Communities and such rescission will take effect upon receipt by the Communications department.

If you have questions, contact Karen Tanner at [karent@awcnet.org](mailto:karent@awcnet.org) or 1-800-562-8981.