

# HOIC/SCE

SERVICE — COMMITMENT —  
EXCELLENCE

## COMMUNITY SCHOLARSHIPS PROGRAM

### TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness insure your application will be reviewed properly.

### APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

### HIGH SCHOOL DATA

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

### POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 4 yr. College or University
- 2 yr. Community or Junior College
- Vocational-Technical School
- Other, explain \_\_\_\_\_

Major or course of study \_\_\_\_\_ Anticipated date of graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Anticipated degree:

- Bachelor's
- Associate
- Certificate
- Other \_\_\_\_\_

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

### WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, summer employment at a business or farm, etc.). Indicate dates of employment.

Employer/Position	From-Mo/Yr	To-Mo/Yr

### ACTIVITIES

List all activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics).

Activity	No. of Yrs.	Activity	No. of Yrs.

### GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to HOIC/SCE on time. This application for scholarship becomes complete and valid only when HOIC/SCE has received all of the following materials:

- Student Application
- Two letters of recommendation with at least one from a current high school instructor.

**CERTIFICATION**

I acknowledge decisions of HOIC/SCE are final. I certify that I meet the basic eligibility requirements of the program and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_ Day Telephone ( \_\_\_\_ ) \_\_\_\_\_