

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

For Mount Vernon Area Senior Students graduating from a High School or Home School in Grant County Oregon

The MVHS Memorial Scholarship Fund was established 2003 by the MVHS alumni classes of 1955 through 1959. The purpose of the fund is to provide post high school scholastic opportunities to senior students who will graduate from a High School or Home School in Grant County and live within the historical boundaries of the previously known Mount Vernon School District Number Six. The awarded funds will be made available to the recipient. If the award is not used within eighteen months, the grant will revert to the scholarship fund.

CRITERIA: Recipients are selected on the basis of academic excellence, financial need, extra-curricular high school activities, special awards and honors, and involvement with and service to the Mount Vernon Community. Applicants must live within the historical boundaries of the Mount Vernon School District Number Six; graduate from a high school or a home school in Grant County; and be accepted to an **accredited** college, university or trade school. Accreditation must be from a regional or national independent accrediting organization recognized by the U.S. Department of Education or the Council of Higher Education Accreditation.

APPLICATION REQUIREMENTS

1. A completed application form
2. An official high school transcript or home school portfolio through your senior year fall term
3. Letter of acceptance from an **accredited** college, university or trade school
4. Recommendations from a school teacher and a Mount Vernon resident
5. Scholastic Aptitude Test (SAT), American College Test (ACT) and/or COMPASS Placement score(s), if taken
6. A statement summarizing your future educational and career goals
7. A photograph of yourself
- 8 Your signature on page eight

EQUAL OPPORTUNITY STATEMENT

We do not discriminate against any applicant because of race, color, sex, sexual orientation, sexual preference, nationality, age, religion, or disability.

PRIVACY ACT INFORMATION

The following details are provided pursuant to the Privacy Act of 1974 (5 U.S.C. & 552a). Information from your application is used to determine scholarship awards by the MVHS Memorial Scholarship Fund. High standards are used to safeguard and protect your nonpublic information. Personal information is disclosed only to the Fund's Board of Directors unless you authorize the release. Your personal and non-public information is never disclosed, rented or sold to third parties or marketers. Personal information may be disclosed to government agencies and regulatory organizations when required by law.

Change 1, March 1, 2022. Previous editions are obsolete.

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PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

PHONE NO. _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

I have lived in the Mt. Vernon community from _____ to _____

PRESENT EMPLOYER (IF APPLICABLE) _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMPLOYER: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMPLOYER: _____

OTHER CHILDREN IN YOUR FAMILY:	Name: _____	Age: _____
	Name: _____	Age: _____
	Name: _____	Age: _____
	Name: _____	Age: _____

ACADEMIC INFORMATION

HIGH SCHOOL(S) ATTENDED:

Freshman _____

Sophomore _____

Junior _____

Senior _____

CURRENT CUMULATIVE GRADE POINT AVERAGE: _____

____ Official transcript attached. ____ Transcript will be mailed by my high school

____ A transcript is not available ____ Home school portfolio attached

SAT Scores _____ (If taken, attach official results)

ACT Scores _____ (If taken, attach official results)

COMPASS Placement Scores _____ (If taken, attach official results)

MOUNT. VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP FUND

NAME: _____

FINANCIAL INFORMATION

Financial information is required as one of the criteria for the selection process.

Does your family claim you as a dependent on their tax return? Yes ____ No ____

Family Gross Annual Income _____ (not Adjusted Gross Income)

Complete the following estimated budget for the upcoming school year:

	<u>RECEIPTS</u>		<u>EXPENSES</u>
Available Savings	_____	Tuition	_____
Anticipated Income (Summer jobs, etc)	_____	Estimated Fees	_____
Funding from Parents	_____	Books & Supplies	_____
Scholarships/Grants	_____	Room & Board	_____
Loans (Actual)	_____	<i>Sub Total</i>	_____
Loans (Proposed)	_____	Personal expenses (clothes, entertainment, medical)	_____
		Transportation	_____
	TOTAL _____		TOTAL _____

Important information not covered by your proposed budget. Describe family status affecting your financial needs. Use the back of this page or another page if required.

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLAR FUND

NAME _____

LIST AND DESCRIBE VOLUNTEER ACTIVITIES/SERVICES:

1. Within the Mt. Vernon community

2. Within the Grant County area

3. Other volunteer activities/services

If more space is required, use back of page or attach another page

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP FUND

NAME: _____

SCHOOL ACTIVITIES, EXTRA CURRICULAR ACTIVITIES & ORGANIZATIONS

SCHOOL HONORS AND AWARDS

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP FUND

NAME _____

SUMMARIZE YOUR FUTURE EDUCATIONAL AND CAREER GOALS

ATTACH YOUR PHOTOGRAPH TO THIS PAGE

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP
TEACHER RECOMMENDATION/REFERENCE FORM

Please complete this form or write a separate letter to assist the Scholarship Committee to evaluate the worthiness of the student listed below. If home schooled, substitute this criterion with a second letter from a Mount Vernon non-relative resident. Mail to RICHARD HEHN, 7827 MOUNTAIN AIRE LOOP SE, OLYMPIA, WA 98503 prior to the May 1st deadline or give to the applicant.

APPLICANT'S NAME _____

1. DEMONSTRATED ACADEMIC EXCELLENCE:

2. COMMUNITY INVOLVEMENT:

3. SCHOOL ACTIVITIES, AWARDS, AND HONORS:

4. OTHER RELEVANT COMMENTS:

Your Name: _____ Signature: _____

Position/Title: _____ Years Acquainted with Student: _____

If more space is required, use back of page or attach another page

MOUNT VERNON HIGH SCHOOL MEMORIAL SCHOLARSHIP FUND

NAME: _____

At what accredited (see the Criterion description on page one) college, university or trade school will you use this scholarship?

Name of accredited College, University or School:

Address: _____

City, State, Zip Code: _____

Attach a copy of your Letter of Acceptance from the accredited institution where you will begin your future studies.

REFERENCES

1. Letter of Recommendation on a plain sheet of paper must be received from a non-relative Mount Vernon citizen.

Name: _____

2. Use the enclosed teacher evaluation form on page seven or attach a letter of recommendation. If home schooled, delete this requirement and add a **second** Letter of Recommendation from a non-relative Mount Vernon citizen.

Name: _____

I certify that to the best of my knowledge the information contained in my application is correct and complete. I authorize the Committee to verify the included information. I give the Committee permission to use my name in their news releases, brochures and fund raising activities. I will return any unused scholarship funds not used within eighteen months.

Signature of applicant

Date

SCHOLARSHIP APPLICATION AND OTHER DOCUMENTS MUST BE POSTMARKED OR DELIVERED NO LATER THAN **MAY 1** TO:

RICHARD HEHN
7827 MOUNTAIN AIRE LOOP SE
OLYMPIA, WA 98503