



**Call for Applications
for the
"Name of Scholarship"**

The purpose of the "Name of Scholarship" is to honor and provide financial support to a (general description of criteria such as deserving senior currently enrolled at _____ High School.)
\$ Award Amount

The criteria for application include the following:

- ◆ The student must be a current high school senior at _____ High School. The student must enroll full-time in a 2-4 year community college or public university.
- ◆ The student must have earned a cumulative 3.0 GPA during high school. (Renewable scholarships must maintain a minimum 3.0 GPA during all quarters or semesters at the community college or university where they are enrolled.)
- ◆ The student must demonstrate financial need and ability to pay additional expenses not covered by this scholarship, as substantiated by the enrolling school.

(This scholarship is not available to relatives of the "NAME" Scholarship Committee or the family of NAME.)

NOTE: Items highlighted are donor designated.

Three Rivers Community Foundation

"Name of Scholarship"

To apply, please provide the following:

Application Form (Attached).

Personal & Financial Information Form (Attached). If significant financial information is not available from one parent or guardian, please submit a brief written explanation of why this information has been left out.

Essay. Write a brief essay (up to 250 words) telling us about yourself, your educational achievements and your future career goals. Discuss the challenges you foresee and how you plan to accomplish your goals.

References. Please include two reference letters with your application. These letters should be from people who know you through your academic or employment experience or your community leadership and participation. Please do not include relatives as references.

Transcript. Your full transcript from the school you are currently attending must be stamped with an official seal and can be enclosed with your application or mailed directly to the Three Rivers Community Foundation.

Deadline: The completed application, plus letters of reference and school transcripts, must be postmarked by **March 1, 200X**. Materials postmarked after this date will not be considered. Send the fully completed application to:

"Name of Scholarship"

Three Rivers Community Foundation
2000 Logston Blvd, 133C
Richland, WA 99354

Scholarship Selection Committee
Address

Verification. I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I understand that if selected, the awarding of funds is contingent upon my full-time enrollment in an accredited institution, and that the funds will be paid directly to the institution and used toward the cost of my education.

Signature

Date

Three Rivers Community Foundation
"Name of Scholarship"

Application Form

Name of Applicant _____ Sex: M _____ F _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____

Social Security #: _____ Age: _____ Birthdate: _____

Citizen of the United States: Yes _____ No _____ (If No, Resident Status): _____

Current School: _____ Graduation Date: _____

School Address: _____

Where are you planning to use your scholarship? Please include a copy of your acceptance letter if you have already applied and have received your confirmation.

Please describe your leadership roles and community involvement:

Please describe your high school accomplishments:

Please describe your work experience:

Three Rivers Community Foundation
"Name of Scholarship"

Personal and Financial Information Form - Confidential

Name of Applicant: _____

Father/Male Guardian

Mother/Female Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Annual Income

Father/Male Guardian \$ _____

Mother/Female Guardian \$ _____

Student \$ _____

Other (Please specify: child support, welfare, social security, etc.) \$ _____

Total Family Income Earned during the most recent tax year \$ _____

Total Family Size: _____ # of Other Dependents Attending College: _____

State your plans for additional financial aid or employment to cover educational expenses during college.

Date

Signature