

Form 1

Culver City Community Scholarship

Applicant Questionnaire

NAME: _____ Male Female
Please print Last Name First Name Middle Initial

There are many different scholarships awarded under the Community Scholarship Program. Certain community groups and individuals specify that they want to award their Community Scholarship to an applicant who has certain qualifications. Please complete every question with all the necessary information.

First generation to go to college: YES NO

1. College you plan to attend: _____
2. List schools to which you have applied for admission:

3. Intended major in college: _____
4. Career for which you are planning to prepare:

Why did you make this choice?

5. Do you have any interest in? Animals Music Art Graphic art Computer Computer graphics
Computer animation Ecology Business/Marketing Foreign language, foreign affairs Anthropology
Biology Humanities Social Science Public Administration Political Science Government field

Please explain: _____

6. Have you participated in high school AVPA (Academy of Visual Performing Arts) program? **If YES**, name activity and year(s) participated _____

7. Have you participated in high school Robotics, Sports Medicine, Mock Trial, or in a Debate Team?
If YES, name activity and year(s) participated: _____

8. Are you an African American Female? YES NO

9. Did you attend a Culver City Unified School District elementary school? YES NO

If YES, name of school: _____

10. Did you attend the Culver City Middle School? YES NO **If YES**, number of years: _____

11. Have you studied a foreign language? YES NO **If YES**, name the language and the highest level completed as well as participation, if any, in any foreign language club or AP Foreign Language class: _____

12. Are either of your parents employed in a **classified** position by the Culver City Unified School District?

YES No **If YES**, name of parent, school or place working, and job title: _____

13. Have you done any volunteer work with:

- **Culver City Parks & Recreation** YES NO # of volunteer hours _____
Name of activity _____

- **Political parties** (meeting, rallies, mailings for candidates) YES NO # of volunteer hours _____
Name of activity _____
 - **Activities with children** YES NO # of volunteer hours _____
Name of activity _____
 - **Fields of science** YES NO # of volunteer hours _____
Name of activity _____
14. Have you been on a high school athletic team? YES NO If **YES**, name of athletic team: _____
Number of years participated: _____
On a Varsity team? If **Yes**, name of athletic team: _____
15. Was either of your parents a member of a U.S. military branch? YES NO
If **YES**, specify name of parent, branch of military and year of service: _____
16. Did you meet your graduation requirement of **60** service learning hours? YES NO
If **No**, how many more hours do you need to meet your graduation requirement: _____
17. List the Community Service activities you did to satisfy the **graduation requirements of 60 hours**:
- | | |
|-----------------|-------------|
| Activity: _____ | Hours _____ |
| Activity: _____ | Hours _____ |
| Activity: _____ | Hours _____ |
18. List **other** (beyond 60 hrs of graduation requirement) volunteer Community Service activities:
- | | |
|-----------------|-------------|
| Activity: _____ | Hours _____ |
| Activity: _____ | Hours _____ |
| Activity: _____ | Hours _____ |
19. List **major high school** activities in which you have participated:
- | | |
|-----------------|---|
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
20. List any **community** activities (other than high school) in which you have participated:
- | | |
|-----------------|---|
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
| Activity: _____ | Hours and/or Years: _____ Hrs _____ Years |
21. During the last two years, have you been employed for pay? YES NO
If **YES**, did you work—after school weekends summer

Name of Employer: _____	Job Responsibilities: _____
_____	_____

Applicant's signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

(To be completed by representative of Scholarship Committee)

Applicant's Grade Point Average: _____ Rank in Class _____/_____

Form 2

Applicant Essay Questions

Applicant's name:

Last Name First Name Middle Name

**PLEASE COMPLETE 2 ESSAY QUESTIONS
(each question in 200 words or less)**

WRITE CLEARLY ON THIS PAGE OR ON ANOTHER SHEET

1. Write an essay about some item you possess that holds great meaning for you. Describe the item and explain why it is of value to you.
2. What is the hardest thing you have ever had to do and how did it change you?

Parent(s)/Guardian(s) Questionnaire

To be completed by parent(s)/guardian(s) – NOT BY STUDENT

THIS INFORMATION REMAINS CONFIDENTIAL

Applicant's name: Last Name First Name Middle Name

Household

With whom does applicant make their permanent home? Mother ___ Father ___ Both ___
Legal guardian(s) ___ Other relation ___

Parent 1:

- checkbox Mother checkbox Father checkbox Legal guardian(s)
checkbox No contact

Parent 2:

- checkbox Mother checkbox Father checkbox Legal guardian(s)
checkbox No contact

Name Age

Name Age

Name & Address of Employer or Firm:

Name & Address of Employer or Firm:

Nature of Business:

Nature of Business:

Position Held:

Position Held:

- checkbox Retired checkbox Disabled checkbox Divorced

- checkbox Retired checkbox Disabled checkbox Divorced

- checkbox Unemployed checkbox Deceased

- checkbox Unemployed checkbox Deceased

The gross income reported last year on my Federal Tax return was between—

Check one:

- checkbox Under \$10,000 checkbox \$40,000–\$50,000 checkbox \$80,000–\$90,000
checkbox \$10,000–\$20,000 checkbox \$50,000–\$60,000 checkbox \$90,000–\$100,000
checkbox \$20,000–\$30,000 checkbox \$60,000–\$70,000 checkbox Over \$100,000
checkbox \$30,000–\$40,000 checkbox \$70,000–\$80,000

What will be the family's estimated income for the current year?

Siblings

List all dependent children: List student applicant first

Table with 3 columns: Name, Age, Name of present school, college/occupation

Form 3 – page 2

List here **other** dependent(s) receiving financial support from family:

Applicant will be attending:

Community college in CA Out-of-state community college

4-year public college in CA Out-of-state 4-year college

Private college in CA

Vocational trade school in CA Out-of-state vocational trade school

What is the estimated annual budget necessary for the college and or training of the applicant?

\$ _____

Amount **applicant** can contribute to this cost annually: \$ _____

Amount **you as parent(s)/guardian(s)** can contribute to this cost annually: \$ _____

Are there any unusual family circumstances that might help evaluate this applicant's need for scholarship assistance?

Parent/Guardian: _____ Date: _____
Print Last First

Parent/Guardian: _____
Signature

Address: _____
Number and Street City Zip Code

(H) Phone#: _____ Cell #: _____ (W) Phone # _____
Area Code and # Area Code and # Area Code and #

Form 3a.

Media Release Agreement

I agree to allow the use of my son's or daughter's name, photograph, video or still to appear on the Culver City Community Scholarship website or on the Culver City Unified School District website. For example, photographs and articles about the scholarship program and/or the scholarships awarded may appear in local newspapers or Culver City Unified School District publications. The photographs and articles may or may not personally identify the student. The photographs and/or videos may be used by the Culver City Community Scholarship Fund in subsequent years. I waive all claims against the Culver City Community Scholarship Fund, its Board and officers to indemnify and hold harmless the Culver City Community Scholarship Fund et al. from any and all liability, claims, demands, causes of action or judgments due to the use of the applicant's name and photograph.

- I agree to allow the use of my son's or daughter's name, photograph, video or still as stated in the Media Release Agreement.

- I do not** agree to the use of my son's or daughter's name, photograph, video or still as stated in the Media Release Agreement.

Applicant printed name: _____ Date: _____

Parent signature: _____ Date: _____

For those 18 years of age and older—I am at least 18 years of age and I have carefully read this document. I warrant that I understand and content the foregoing authorization, release and indemnity. My signature, heron, is my own free act and it is my intention to be legally bound hereby.

- By my signature below, I agree to the use of my name, photograph, video or still as stated in the Media Release Agreement.

- By my signature below, **I do not agree** to the use of my name, photograph, video or still as stated in the Media Release Agreement.

Applicant printed name: _____ Date: _____

Applicant signature: _____ Date: _____

NOTE: The applicant completes the top three lines. It is the student's responsibility to make sure that the recommendation letter is included when turning in his/her application.

School Employee's name: _____

Applicant's name: _____
Please print Last Name First Name Middle Name

College the applicant plans to attend: _____

How long have you known this applicant and in what context?

YOUR RECOMMENDATION IS IMPORTANT TO THOSE MAKING THE SELECTION OF SCHOLARSHIP RECIPIENTS

When writing the required typed letters of recommendation for a student, please provide your assessment of the applicant's achievements and potential for success.

While there are no required topics for a letter of recommendation, the Scholarship Committee has compiled the following commonly addressed points:

- The student's performance in your class.
- The student's academic or career goals and your impression of her/his ability to accomplish these goals.
- Any obstacle that the student has overcome.
- Observation of leadership skills.
- Observation of contribution to the school and/or community.

PLEASE PAPER CLIP A LETTER OF RECOMMENDATION TO THIS FORM AND RETURN TO STUDENT.

PLEASE PRINT YOUR NAME: _____

SUBJECT TAUGHT OR EMPLOYEE TITLE/DEPT.: _____

SIGNATURE: _____ DATE: _____

NOTE: The applicant completes the top three lines. It is the student's responsibility to make sure that the recommendation letter and the scholarship application is completed and received by the deadline.

Teacher's name: _____

Applicant's name: _____
Please print Last Name First Name Middle Name

College the applicant plans to attend: _____

How long have you known this applicant and in what context?

YOUR RECOMMENDATION IS IMPORTANT TO THOSE MAKING THE SELECTION OF SCHOLARSHIP RECIPIENTS

When writing the required typed letter of recommendation for a student, please provide your assessment of the applicant's achievement and potential for success.

While there are no required topics for a letter of recommendation, the Scholarship Committee has compiled the following commonly addressed points:

- The student's performance in your class.
- The student's academic or career goal and your impression of her/his ability to accomplish these goals.
- Any obstacle that the student has overcome.
- Observations of leadership skills.
- Observations of contribution to the school and/or community.

PLEASE PAPER CLIP A LETTER OF RECOMMENDATION TO THIS FORM AND RETURN TO STUDENT.

PLEASE **PRINT** YOUR NAME: _____

SUBJECT TAUGHT: _____

SIGNATURE: _____ DATE: _____