

**APPLICANT DATA**

Mr
Ms

Last Name _____ First Name _____ Middle Initial _____

Mailing Address: _____
Street _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Telephone Number: (_____) _____

Name of Parent/Guardian: _____

Permanent mailing address of parent/guardian if different from applicant:

Street _____ City _____ State _____ Zip Code _____

Telephone Number: (_____) _____

Name of postsecondary school for which scholarship is requested: _____

_____ 4-Year College/University _____ Community College _____ Vo-Tech/Trade School _____ Other _____

Major field of study applicant plans to pursue: _____

Which scholarship is this application for? _____

Instructions: Complete this application _____

Include the Applicant Appraisal, completed by a high school or college counselor or advisor, an instructor, supervisor, employer, or church official _____

Email application, applicant appraisal and any other required documents to lswindler@warden.wednet.edu OR mail or drop off to Lisa Swindler at Warden High School 101 W. Beck Way, Warden WA 98857

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date from (mo/yr)	Date to (mo/yr)	Hours/week	Amount Earned

List all school activities in which you have participated during the past 4 years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	Years Participated	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, supervisor, employer or church official.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and **return to applicant in a sealed envelope.**

The applicant's choice of a postsecondary education program is	<input type="checkbox"/>	Extremely Appropriate	<input type="checkbox"/>	Very Appropriate	<input type="checkbox"/>	Moderately Appropriate	<input type="checkbox"/>	Not Appropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/>	Extremely Well	<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Moderately Well	<input type="checkbox"/>	Not Well
The applicant's ability to set realistic and attainable goal is	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/>	Extremely Well	<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Moderately Well	<input type="checkbox"/>	Not Well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/>	Extremely Well	<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Moderately Well	<input type="checkbox"/>	Not Well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/>	Extremely Well	<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Moderately Well	<input type="checkbox"/>	Not Well
The applicant's respect for self and others is		Excellent		Good		Fair		Poor

Comments: **(Please do not name the student in this section)**

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Appraiser's Signature

Date

Title

Telephone Number

Appraiser's Business Address – Street

City

State

Zip Code