Corralitos Woman's Club College Scholarship Application

Applicants must be a high school student in a Pajaro Valley School with a minimum 3.5 GPA; or be a Santa Cruz County resident in one of the following zip codes: 95076, 95019, 95003.. All information on this application will be kept confidential. Recipients will be notified in May; scholarship awards will be disbursed to the student once a student ID# has been provided to the Corralitos Woman's Club. This form is at: www.corralitoswomansclub.com

Application must be uploaded or postmarked by March 25, 2025

Submit application:a Either upload digitally to https://www.corralitoswomansclub.com/college-scholarship

Or mail to: Corralitos Woman's Club

PO Box 997

Freedom, California 95019-0997

This Application must include all the following:

Personal Statement (1 page); one Letter of Recommendation from a Faculty Member (1 page), if you are not a current student, one Letter of Recommendation from an Employer; and most recent School Transcript.

Applicant's Full Legal Name:			
Complete Address:			
Email:			
Phone Number:	Birthdate:	Gender(M/F):	
SAT Score(if applicable):	ACT Score(if applicable):	Academic GPA:	
List the Colleges/Technical School	ols to which you have applied, and note i	f you have been accepted:	
What major(s) are you consideri	ng:		
Applicant's Employer and Occup	ation:		
	Annual		
Father's Employer and Occupation	on:		
	Annual	Income:	
Mother's Employer and Occupat	ion:		
	Annual	Income:	
Other income that can be used for	or educational purposes:		
Other income that can be used it			

Number of dependents in the home:	Number of dependents in college:
Previous Employment History; List previous emp	ployers, job responsibilities and length of time employed:
Community Service and Volunteer Activities; Lis	et each organization and amount of time you volunteer(ed):
School Activities; List Clubs and/or Sport Activit	ies, include offices held and the length of your participation:
School, Community Awards or Honors; List any	Awards and/or Honors you have been given:
that false or misleading information in my application ma	est of my knowledge. If this application leads to an award, I understand by result in my disqualification. I understand that awards will be forfeited a recipient, my name and likeness may be used in publicity regarding e is required.
Applicant Signature:	Date:
Parent/Guardian Signature:	Date: