BONSALL WOMAN'S CLUB SCHOLARSHIP APPLICATION

APPLICATION MUST BE COMPLETED AND SUBMITTED TO THE SCHOLARSHIP COORDINATOR AT YOUR SCHOOL BY: FEBRUARY 9, 2024

NAME (PRINT)	E-MAIL ADDRESS		
ADDRESS	CITY		ZIP CODE
CELL PHONE NUMBER	ALTERNATE P	HONE NUMBER	
NAME OF HIGH SCHOOL ATTENDING			
MIDDLE SCHOOL ATTENDED			
ELEMENTARY SCHOOL ATTENDED			
NAME OF UNIVERSITY, COLLEGE, COMMUNITY COLLEGE, or VOCATIONAL SCHOOL YOU ARE PLANNING TO ATTEND			
MAJOR FIELD OF INTEREST			
GPA: WEIGHTED	_NON-WEIGHTEI)	
HOW DO YOU PLAN TO FINANCE YOUR EDUCATION			
PLEASE ATTACH ON SEPARATE PAGES. ITEMS 1-3 CAN BE ON ONE PAGE.			
1. SCHOOL ACTIVITIES (LIST ACTIVITY, PO	OSITIONS HELD,	HONORS)	
2. COMMUNITY ACTIVITIES (LIST ACTIVIT	TY, POSITIONS H	ELD, HONORS)	

3. WORK EXPERIENCE FOR WHICH YOU HAVE RECEIVED A SALARY

4. AN ESSAY ABOUT YOURSELF
A. STATE DETAILED INFORMATION RELATING TO YOUR FAMILY.
B. INCLUDE CAREER GOALS, PERSONAL ACHIEVEMENTS, ETC.
C. NO MORE THAN 500 WORDS
D. 12 FONT-DOUBLE SPACED

5. INCLUDE A COPY OF THE SUMMARY PAGE FROM YOUR *FAFSA* REPORT, IF APPLICABLE (HIGHLY RECOMMENDED) WHICH SHOWS THE EFC (EXPECTED FAMILY CONTRIBUTION).

6. A LETTER OF RECOMMENDATION FROM PERSONNEL AT YOUR SCHOOL OR A MEMBER OF THE COMMUNITY. <u>CAN NOT BE WRITTEN BY A FAMILY MEMBER.</u> THE PERSON SUBMITTING THE LETTER MUST IDENTIFY THEIR CONNECTION TO THE APPLICANT.

7. ATTACH A COPY OF YOUR *TRANSCRIPT OF STUDENT PROGRESS*

ATTACH ESSAY AND LETTERS TO THIS APPLICATION FORM.