

Kings Canyon Unified School District
1502 I St. o Reedley, CA 93654 o (559) 305-7080
John Campbell, Superintendent of Schools

EDUCATIONAL OPTIONS SCHOLARSHIP APPLICATION

KCUSD Educational Options Scholarships are awarded to encourage and assist graduates to pursue further education or vocational training. Recipients must show both the potential and the desire to continue. Criteria include student performance, references (attached), financial need, background information (Part II), and any other pertinent information available to the scholarship committee.

SCHOLARSHIP APPLICATION INSTRUCTIONS

1. Read Instructions carefully, completing parts I and II. Sign and date.
2. Give the two (2) confidential reference forms to two professional people—**An Instructor from the school where you will graduate, and another person (Clergyman, Priest, Boss, etc.)** who knows you and can evaluate you accurately.
3. Submit application to any of the addresses listed below by **April 1st^t**. **References may be submitted separately.**

Kings Canyon Adult School
SCHOLARSHIP COMMITTEE
1502 I.St.
Reedley, CA 93654
308-7085

Kings Canyon High School
SCHOLARSHIP COMMITTEE
10026 S. Crawford Ave.
Dinuba, Ca. 93618
305-7390

Mountain View School
SCHOLARSHIP COMMITTEE
1502 I. St.
Reedley, CA 93654
305-7080

NOTE: Priority will be given to applications submitted on time.

PART I INSTRUCTIONS: Type or print neatly, answering questions correctly and as completely as possible. **Be sure to include apartment number!!!**

NAME: _____
LAST FIRST MIDDLE INITIAL MAIDEN NAME BIRTHDATE

LOCAL ADDRESS: _____
NUMBER STREET CITY STATE ZIP (Include apartment number if applicable)

PERMANENT or MAILING ADDRESS: _____
STREET CITY STATE ZIP

SEX: M F PHONE: (____) _____ **SECOND PHONE:** (.) _____

RELEASE OF INFORMATION--I hereby authorize the release of all information contained in this Scholarship Application to any organization legitimately wishing to consider me for a scholarship. I also certify that all the information and statements in this application are true to the best of my knowledge. I understand that I will receive my scholarship when I begin post-high school education and/or training.

SIGNATURE: _____ DATE: _____

Kings Canyon Unified School District
EDUCATIONAL OPTIONS SCHOLARSHIP CONFIDENTIAL REFERENCE FORM

I. THIS SECTION TO BE COMPLETED BY APPLICANT:

1. YOUR NAME _____ BIRTHDATE _____
LAST FIRST
2. ADDRESS _____ CITY _____ TELEPHONE _____
3. HIGH SCHOOL FROM WHERE YOU WILL GRADUATE _____
4. FUTURE SCHOOL AND JOB PLANS _____
6. **ARE YOU ALREADY ATTENDING COLLEGE? IF YES, WHERE:** _____

II. THIS SECTION TO BE COMPLETED BY PERSON MAKING THIS RECOMMENDATION:

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
2. DO YOU KNOW OF ANY SIGNIFICANT ACHIEVEMENTS, PERSONAL TRAITS, ETC.? EXPLAIN:

3. DO YOU CONSIDER THIS STUDENT'S FUTURE SCHOOL AND JOB PLANS TO BE REALISTIC?
 COMMENT:

4. RATE THE STUDENT ON THE FOLLOWING FACTORS BY CHECKING THE APPROPRIATE BOXES:

	VERY LOW	LOW AVERAGE	HIGH AVERAGE	EXCELLENT	UNKNOWN
ABILITY (APTITUDE & INTELLIGENCE)					
EDUCATIONAL ACHIEVEMENT					
STABILITY					
HEALTH & PHYSICAL FACTORS					
MOTIVATION					
CITIZENSHIP					
LEADERSHIP					
ADEQUACY OF FINANCES *					

* Income, family size, educational expenses, health factors, etc.
 ----+*
 5. MAKE A CANDID AND HONEST EVALUATION OF THIS STUDENT'S CHARACTER, SINCERITY OF PURPOSE, NEED FOR FINANCIAL AID, PROBABLE SUCCESS IN COLLEGE (TECH SCHOOL), ETC.

NAME: _____ SIGNATURE: _____

POSITION: _____ DATE: _____

WHEN COMPLETED, PLEASE RETURN BY **April 1st** TO:

SCHOLARSHIP COMMITTEE, KCHS, 10026 S. Crawford Ave., Dinuba, Ca. 93618

