

Visayan Circle of Kitsap County Leadership and Scholarship Foundation

SCHOLARSHIP APPLICATION

You must either type or print all your answers neatly in ink. Application response may be sent via email, vckcnonprofit@gmail.com, or to **VCKC PO BOX 1617 SILVERDALE, WA 98383**

1. Name _____, _____ M.I.
Last First

Permanent mailing address

_____ Number and street

 _____ City _____ State _____ Zip _____ E-mail _____
 Phone _____ Birth date _____
Month Day Year

2. Are you or your family members of VCKC? _____

_____ If you're not a member, relative who is a member, or where in Visayas you come from _____ relationship to member if applicable
 Telephone Number of member _____

3. What year did/will you receive a high school diploma or GED?..... _____

High School or GED

_____ High School Name or GED County _____ City _____ State _____

4. High school students only

_____ High School GPA

5. College GPA through January ____: Undergraduate GPA..... _____ Graduate GPA _____

Vocational, College or Univ. attended

_____ Name of College or University _____ Dates Attended _____ Degree Earned _____ Transcript Sent

5. **Applicants must register at a college, university, vocation or trade school.**

School choice

For Year _____ School Name _____

_____ City _____ State _____

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Major Field of Study _____

Next Degree
after if applicable _____

Next expected college
graduation date after _____
Year Month

6. Are you currently working 20 hours or more per week? Yes/No [Y/N]..... _____

Do you plan on working 20 hours or more per week during the _____ school year? Yes/No [Y/N] _____

7. Essential Essay. Please use the blank page given.

8. Letters of Recommendation: Please provide one letter from a school official, one letter from a member (preferably an officer) or whomever you choose if you do not know a member. The third letter can be from whomever you choose.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature _____

Date _____

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Applicants Name: _____