

LOCAL SCHOLARSHIP APPLICATION

Application procedure for local scholarships utilizing the YMHS Standard Application:

PLEASE DOWNLOAD THIS SCHOLARSHIP APPLICATION FROM:

1. Read **all** instructions below, and **follow** them **exactly**.
2. Complete the application, leaving the name of the scholarship blank. Please complete this electronic form so it is neat. Make sure you 'save as' and change the name of each scholarship on the top of page 1.
3. Prepare any additional materials required for certain organizations. Examples- essay, letter, additional form. You can obtain **one** copy of your unofficial transcript in the counseling office. It is your responsibility to make copies of your transcript for each application.
4. Request recommendations from two or three teachers. Note that some applications require specific kinds of information on your recommendation. Example- an employer (present or former), and/or an adult family friend, minister, etc. A total of three recommendations will work for most scholarships.
5. Check your "master" application carefully to be sure **all** requested information and pages are included, especially your GPA and class rank. Don't forget to sign the application, and to have your parents sign the financial page.
6. Photocopy and/or save your completed application and any recommendations given to you for as many local scholarships as you wish.
7. In the designated blank at the top of each copy of the first page, type the name of the scholarship for which that copy is being submitted.

YMHS SCHOLARSHIP APPLICATION

Name of Scholarship _____

PERSONAL INFORMATION

(Please type, signature must be in black pen)

Name: _____ Date: _____

Present Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address _____

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

Employer: _____ Employer: _____

Job Title: _____ Job Title: _____

Duties: _____ Duties: _____

_____ Mark (X) if you reside with someone other than your parents. Please attach a separate sheet with the name of this person and describe the nature of their relationship to you.

SCHOOL INFORMATION:

School: **Yampah Mountain High School**

School District: **Mountain BOCES**

(member districts: Parachute R16, Garfield Re2, Roaring Fork Re1, Aspen)

Address: **695 Red Mountain Drive** Phone: **970-945-9463 x100**

City/State/Zip: **Glenwood Springs, CO 81601**

Date of Graduation: _____ GPA _____

Number and ages of brothers and sisters living at home: _____

Number of brothers and sisters attending post-secondary schools and where they attend for whom your parents or guardians contribute a significant amount for support:

Name of College you plan to attend: _____

Address: _____

Field of Study: _____

Why did you choose that school?

WORK HISTORY

Employment while in high school.

Employer	Dates	Type of work
_____	from _____ to _____	_____
_____	from _____ to _____	_____
_____	from _____ to _____	_____
_____	from _____ to _____	_____
_____	from _____ to _____	_____

NOTE: In addition to the information already provided, it is required to attach a resume with this application.

My signature certifies that the information provided on this application is accurate and complete, to the best of my knowledge. I understand that misrepresentations will result in denial of funds.

Date: _____ Applicant Signature: _____

(If any questions require additional space, please attach a separate sheet.)

This portion of the application is required to be considered for scholarships that list "Financial Need" among the criteria. NOTE: Do NOT include this form if "Financial Need" is NOT listed among the criteria.

FINANCIAL INFORMATION

What expenses do you anticipate?

How will you finance your first year of education?

Tuition \$ _____
Room/Board _____
Books/Supplies _____
Transportation _____
Other (specify) _____

Parents/Guardians \$ _____
Personal Savings _____
Work while in college _____
Borrow from family _____
Scholarship/Grants* _____
Anticipate borrowing _____
Institutions, banks, etc _____
Other (specify) _____

TOTAL \$ _____

TOTAL \$ _____

**List only those you have been notified you will receive.*

Please mark (X) the appropriate category below for adjusted gross income listed on the 2010 tax return for your family:

_____ Under \$40,000 _____ \$40,000-\$60,000 _____ \$60,000-\$80,000
_____ \$80,000-\$100,000 _____ \$100,000-\$130,000 _____ Over \$130,000

What will you do if you receive no financial assistance?

If you are seeking assistance based on need and your first-choice school is private or out-of-state, why is that your first choice and which school will you attend if you receive no financial assistance?

Our signatures certify that the information provided above, and on any attachments, presents a complete and accurate representation of our personal and financial circumstances, to the best of our knowledge. We understand that denial of funds will result, should misrepresentation be found.

Date _____ Applicant Signature _____

Date _____ Parent/Guardian Signature _____

If there are circumstances affecting your ability to pay for college that are not reflected in the information provided, please describe those circumstances on a separate sheet.