

MARTHA'S VINEYARD HORSE COUNCIL
SCHOLARSHIP APPLICATION

Directions: Type or print in ink all information requested. Information may be continued on additional sheets of paper attached to the application.

Application Deadline For All Local Scholarships Is March 16

APPLICANT/FAMILY INFORMATION

Student Name - Last _____ First _____ M.I. _____

Mailing Address - P.O. Box _____ Town, State, Zip _____
Street _____ Telephone _____

Residential Address _____

Both Parent's/Guardian's Names - Last _____ First _____
Last _____ First _____

Address (only if different from above) _____

Number of Siblings and Ages _____ Number of Siblings Attending College _____

POST-SECONDARY SCHOOL INFORMATION

Name of post-secondary school you plan to attend. If undecided, list schools in order of preference.

- (1) _____
(2) _____
(3) _____

(check one) 4 Year College 2 Year College Technical School

College Major _____ Anticipated Date of Graduation _____

Is first choice school (check one) public private out-of-state public

Project College Costs: Tuition _____ Room & Board _____ Other Expenses _____

ACADEMIC INFORMATION

Number of years attending MVRHS _____

The student has followed a (check one) college prep program tech-prep program vocational

Years of Study: English____, Math____, Science____, Social Studies____, Foreign Language____,

Computer Science____, other _____

Applicant Ranks _____ in a class of _____

GPA (Convert to 4.0 Scale) _____

Best SAT Verbal _____ SAT Math _____

Counselor Verification Signature _____

ACTIVITIES, AWARDS, & HONORS

List both school and community activities you have participated in during high school.

<u>Activity</u>	<u>No. of Yrs.</u>	<u>Offices Held</u>	<u>Awards / Honors</u>

APPLICANT'S WORK EXPERIENCE

List your work experience beginning with most recent.

<u>Company Name</u>	<u>Position Held</u>	<u>Dates</u>	<u>Hrs. Per Wk.</u>	<u>Total Amt. Earned</u>

APPLICANT'S CAREER GOALS

FAMILY FINANCIAL DATA

Adjust Gross Family Income _____ Occupations of Both Parent _____

Untaxed Income & Benefits: i.e. Social Security, AFDC, ADC., etc. _____

Medical & Dental Expenses Not Paid by Insurance _____

Total Family Savings Available for Applicant's Education _____

Total Applicant Savings Available for Education (include projected summer savings) _____

UNUSUAL CIRCUMSTANCES

Please report and explain any unusual family or personal circumstance that may have adversely affected your academic progress or community service.

APPLICANT APPRAISAL

APPLICANT'S NAME _____

(Must be completed by guidance counselor or current teacher.)

	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's choice of a post-secondary education program is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's achievements reflect his/her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the applicant's commitment to school & community is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant is able to see, find and use learning resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant demonstrates curiosity and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's respect of self and others is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Appraiser's Name _____ Title _____ Telephone No. () _____
Signature _____ Date _____