

2020 scholarship application

The AWC Center for Quality Communities (CQC) is offering up to six \$1,500 scholarships to graduating high school students. At the discretion of the scholarship selection committee, up to two scholarships may be awarded to past CQC scholarship recipients who are continuing their education. Please **type** or **print**. Illegible or incomplete applications will be returned.

| | First name: | | | Las | t name: | | | | | |
|----------|---|---------------------|----------------------|---------------|------------|-------------|----------------|-------------------------------------|----------------------|--|
| 2 | Mailing address Street/P.O. Box: | | | | | | | | | |
| _ | City: | | | St | ate: | Zip: | | | | |
| 3. | Best phone number t | o reach you: | | | Email: | | | | | |
| 4. | Current high school: | | | | | Number | of years atten | ded | | |
| | If home schooled, ple | , please check box: | | | | | | | | |
| | If GED, please indicate | e date received: | | | | | | | | |
| 5. | Have you been accepted into an accredited post-secondary program or college for the fall of 2020 as of this submission? | | | | | | | | | |
| | If yes, please provide | | | | | | | | | |
| | If not, please indicate | the name of the i | nstitution(s) | you plan to | attend: | | | | | |
| | Proof of student enro | llment from the s | chool is requ | uired prior t | o the rele | ase of fun | ds. | | | |
| 6 | Career goal (please b | e specific): | | | | | | | | |
| | Name and address of parent(s) or legal guardian(s) | | | | | | | | | |
| 7. | Name(s): | | | | | | | | | |
| | Address: | | | | | | | | | |
| | City: | | S | itate: | Zip: | | | | | |
| | Primary phone of parents or legal guardians: Email address of parent(s): | | | | | | | | | |
| | | | | | Cor | ntinue appl | ication on bac | ck. ASSOCIA OF WASHIN CITI | TION NGTON E S | |

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| | Please describe your financial need. Include any financial aid you will receive and/or any circumstances that would help the committee understand your financial situation. | | | | | | |
|---|--|---|--|--|--|--|--|
| 8 | | | | | | | |
| | List your city, community and civic involvement activities. (No addition | al materials will be accepted.) | | | | | |
| 9. | | | | | | | |
| | List your school involvement and academic honors and awards. (No add | ditional materials will be accepted.) | | | | | |
| 10. | | | | | | | |
| | Personal essay On a separate piece of paper please write a concise response to the following question. Please submit your answer in Arial or Times New Roman 12 point font, double-space, and limit the length to two pages. | | | | | | |
| 11 | A sign of a good leader is being able to guide yourself and others through b high standards of responsibility, and showing commitment to community. responsibility you assumed or were given. How did this experience help you others? What did you gain? | Tell a story about a significant community | | | | | |
| | Applicant checklist (send completed application packet to city | for consideration): | | | | | |
| 17 | Completed application including essay | Note: | | | | | |
| | Letter of recommendation - From a non-relative This is separate from the recommendation letter from the city Completed and signed release form | Must be in good academic standing Must plan to graduate spring/summer 2020 | | | | | |
| | Statement of accuracy | | | | | | |
| 13. | I hereby affirm that all the above stated information provided by r knowledge. I also consent that my picture may be taken and used the Center's scholarship program. | · · · · · · · · · · · · · · · · · · · | | | | | |
| | I agree the scholarship funds will be sent directly to the institution | ۱. | | | | | |
| | I agree that if I don't use the funds awarded to me before May 31, 2021, it will be returned to the scholarship fun | | | | | | |
| | I hereby understand that if chosen as a scholarship winner, I must an accredited post-secondary institution of my choice before scho | | | | | | |
| | Signature of scholarship applicant: | Date: | | | | | |
| Submit scholarship application to city for consideration. | | | | | | | |



Release and consent for use of name and image/photo

The purpose of this form is to request permission to use your photo/image and name in our scholarship program materials, website, and/or social media as part of the AWC Center for Quality Communities.

I grant permission for me/my child's photo/image and name to be used in connection with the AWC Center for Quality Communities' scholarship program materials, website, and/or social media, including any and all uses of video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I/my child may be portrayed.

Nothing herein shall constitute any obligation on the part of the AWC Center for Quality Communities to make any use of any of the materials or rights granted.

| | the their velopes | ac of the date an | |
|---|-------------------|-------------------|--------------|
| I nereov orani permission and exect | The finis release | as of the date an | o vear below |
| I hereby grant permission and execution | are this release | as of the date an | a year berom |

Signature

Signature of parent or guardian (required for minors under 18 years of age)

Printed name

Relationship to minor

Date

If you or a parent or guardian wish to rescind this agreement and remove your child's information or photo, you may do so at any time in writing by sending a letter to the AWC Center for Quality Communities and such rescission will take effect upon receipt by the Communications department.

If you have questions, contact Karen Tanner at karent@awcnet.org or 1-800-562-8981.



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