



Granite Falls School District

Local Scholarship Common Application



Class of 2019

First Name

Middle Name

Last Name

RELEASE OF INFORMATION:

I give my permission for the information contained in my scholarship notebook to be reviewed by scholarship screening committees. Yes No

Student Signature

Date

Parent/Guardian Signature

Date

GFSD Local Scholarship Application

First Name

Middle Name

Last Name

Mailing Address: _____

Email: _____ Phone: _____

POST HIGH SCHOOL PLANS:

College or school you plan to attend: (list in the order of preference)

College/School: _____ Have you been accepted? Yes Applied, waiting Not yet applied

College/School: _____ Have you been accepted? Yes Applied, waiting Not yet applied

College/School: _____ Have you been accepted? Yes Applied, waiting Not yet applied

Intended Major: _____ Not sure at this time

Will you be attending school in the upcoming fall? Yes No

If you do not plan to attend school in the fall, please explain the reason:

PLEASE UPDATE COUNSELING CENTER WITH FINAL COLLEGE ACCEPTANCE

BACKGROUND INFORMATION:

Number of years you have attended Granite Falls School District? _____ Are you a U.S. citizen? Yes No

FATHER/GUARDIAN:

Name: _____

Home Phone: _____

Place of Employment: _____

Cell Phone: _____

Position: _____

Full-time Part-time

MOTHER/GUARDIAN:

Name: _____

Home Phone: _____

Place of Employment: _____

Cell Phone: _____

Position: _____

Full-time Part-time

DEPENDENT STUDENTS:

List other members of your immediate family who will be attending any school during your freshman year of college. State each of their ages and grade levels.

FIRST NAME ONLY	AGE	GRADE	FIRST NAME ONLY	AGE	GRADE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER DEPENDENTS:

List other members in your household, such as a grandparent or other family member, if they were claimed on parents' previous year's tax return: _____

Do you have a Veteran family member? Yes No

Relationship: _____ Service Branch: _____

Extracurricular Activities

In the left column, list your major activities since freshman year, including school related and non-school related. Mark an "X" in the appropriate grade level box for the year(s) during which you participated. In the right column, list any leadership positions you held as part of that activity or any contributions you made, and mark an "X" in the box for which grade level it occurred. You may attach additional sheets if necessary.

Student Activities	Grade				Leadership and/or Accomplishments	Grade			
	9	10	11	12		9	10	11	12
<i>Example: FBLA</i>	X	X	X		FBLA President				X
<i>Example: Soccer</i>	X	X	X	X	Team Captain				X

Honors and Awards

List all honors and awards you have received since freshman year and give a brief description; then select the appropriate grade level and category box.

HONORS/AWARDS	Grade				DESCRIPTION	Academics	Athletics	Leadership	Other
	9	10	11	12					
<i>Example: Science Award</i>				✓	Outstanding classroom achievement.				✓

Community Service

List the ways in which you have served your community. Document all hours since freshman year, including items like Food Drive, tutoring, scouts, etc.

SERVICE ACTIVITY	DESCRIPTION	TOTAL HRS. (APPROXIMATE)

Work Experience

List your most significant work experiences during high school. Begin with the most recent job you have held.

NAME and CITY of EMPLOYER	POSITION HELD	FROM MO./YR.	TO MO./YR.

Academics

What is your cumulative GPA? _____

Please attach a copy of your current high school transcripts.

Please indicate your test scores on the following tests:

HSPE Reading _____

HSPE Writing _____

SBAC ELA _____

Math EOC _____

SBAC Math _____

SAT Score _____

ACT Score _____

Anticipated Budget and Expenses

Please estimate **for one year's** anticipated expenditures for college or schooling after high school.

Room and Board: \$ _____

Tuition: \$ _____

Fees: \$ _____

Books and Supplies: \$ _____

Transportation: \$ _____

Additional/Other Expenses: \$ _____

TOTAL EXPENSES \$ _____

Please explain any additional or other expenses: _____

List any financial aid, scholarships, or grants that you have received to date:

Financial Aid \$ _____

Grants: \$ _____

Scholarship: \$ _____

Statement of Financial Need:

Use this space if you would like to comment on your individual financial need. Please include examples of how you and/or your family plan to fund your education. Please see your counselor if you have any questions.

How do you expect to finance your college education? _____

What other scholarships have you applied for? _____

Essays

Through your essays the scholarship committees will learn about you, your ability to think critically and creatively, and how you organize and express your thoughts. Please submit a typed essay for the two following prompts:

1. Complete an essay about yourself, your family, hobbies, special interests and your long-term professional goals. Include why you have selected your current career path and what you hope to accomplish. (The length of your essay should be no more than 500 words.)
2. Complete an essay explaining why you feel you should be accepted for a scholarship.

If you are applying for any of the following scholarships: Friends of the Library, Granite Falls Youth Soccer or Granite Falls Education Foundation, please include a typed essay that addresses the required prompt below:

- If you are applying for the Friends of Library Scholarship***, write an essay regarding “Why Reading is Important to Me.”

- If you are applying for the Granite Falls Youth Soccer Association Scholarship***, write an explanation regarding your soccer experience: playing, coaching, and refereeing.

- If you are applying for the Granite Falls Education Foundation Scholarship***, complete an essay (no more than 500 words) on one of the following topics:
 - What are your views on education? How do these views relate to your desire to attend college?
 - Give a personal experience you have had which has contributed to your desire to further your education.

Teacher Evaluation Form

(To be completed **and signed** by teacher/instructor. This page can be replaced by a letter of recommendation.)

Student's Name: _____

Teacher's Name and School: _____

Signature: _____ Date: _____

Subject(s) taught: _____

BACKGROUND INFORMATION:

How long have you known this student?

What are the first words that come to mind to describe this student?

List the courses you have taught to this student and level of difficulty (AP, Honors, Sno-Isle, etc.).

RATINGS:

Compared to other students in his or her class this year, how do you rate this student in terms of:

NO BASIS		BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	ONE OF THE TOP FEW
	Productive Class Participation				
	Maturity				
	Integrity				
	Concern for Others				
	Initiative, Independence				
	Intellectual Promise				
	Creative Original Thought				
	Disciplined Work Habits				
	Leadership				
	Reaction to Setbacks				
	Self Confidence				
	OVERALL				

Evaluation:

Please write additional comments you think are important about this student, including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others.

Community Member Recommendation Form

To be completed **and signed** by a community member. A community member is defined as an adult in a leadership capacity such as a volunteer coordinator, club advisor, coach, employer, youth leader or clergy. (This page can be replaced by a letter of recommendation, but letters of recommendation from family **will not** be accepted.)

Student's Name: _____

Evaluator's Name: _____

Signature: _____ Date: _____

BACKGROUND INFORMATION:

How long have you known this student and in what capacity?

What are the first words that come to you mind to describe this student?

We value your perspective of the student's personal qualities and contributions to the community. What would you like us to know about the student that we might not otherwise learn?