



working for tomorrow's education

The West Valley Education Foundation Academic Scholarship Program

The WEST VALLEY EDUCATION FOUNDATION was created to enrich and help maximize the quality of education in the schools of the district by providing financial support for programs that assist in achieving academic excellence. To this end, the Foundation developed the **Student Academic Scholarship Program**.

The **Sophie Hawley Memorial Scholarship**, which is overseen by the West Valley Education Foundation Academic Scholarship Program is expected to financially assist qualified applicants in obtaining degrees or certificates from accredited academic institutions of higher learning or career and technical institutions. The program is open to any student preparing to enter or already attending these institutions.

Up to two scholarships will be awarded based on merit as measured by academic performance and defined extracurricular activities; leadership; and, when appropriate, financial need.

Scholarship Awards will be \$2,500 each for the 2019 - 2020 school year.

An application form is attached. *If you have any questions, please contact the West Valley Education Foundation at wvf@wvsd.com or 924-2150.*

West Valley Education Foundation Goals

- To encourage academic excellence in the West Valley School District schools by providing funding not available through traditional local, state or federal sources.
- To provide a perpetual source of funds through donations received from individuals, corporations, foundations, fund raising projects and interest earned on endowment funds.
- To serve as a catalyst and conduit for involving the community in the West Valley School District.

Application Process

All application materials should be submitted to your high school counselor or sent to the West Valley Education Foundation, 2805 North Argonne Road, Spokane, WA. 99212. To be considered for an award, all of the following items must be received by the Foundation by **March 29, 2019**:

- A completed Application Form
- Two letters of reference (from those who are not relatives of the candidate) that address the suitability of the candidate for the award, nature of the relationship with the candidate and length of time of the relationship.
- Student/Applicant Verification Form
- Parent/Guardian Verification Form

Selection Criteria

- West Valley School District graduate
- Academic achievements
- School activities
- Community/civic activities
- Part-time work
- Financial need
- Letters of recommendation
- **Applicants must be planning to pursue nursing as their field of study and profession. While Pediatric nursing is a preferred field of nursing, the application is open to any nursing professions an applicant is interested in working in.**

Note: The above criteria are unweighted and unranked.

All materials submitted for consideration for a scholarship automatically become the physical property of the West Valley Education Foundation and will not be returned to the sender.

Please note: Applicant may attach additional pages if necessary to complete application data.

West Valley Education Foundation Scholarship Application

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) () Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/
guardian if different from applicant
(Street) (City) (State) (Zip)
()
Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) () Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

ID #

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Print your responses (up to 300 words each) to the following statements on a separate page attached to this application:

- Make a statement specifically about your motivations and plans as they relate to your nursing educational and career objectives and future goals.
- Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

ID # _____

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return original or photocopy of this section to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is appropriate extremely appropriate very appropriate moderately inappropriate

The applicant's achievements reflect his/her ability extremely well very well moderately well not well

The applicant's ability to set realistic and attainable goals is excellent good fair poor

The quality of the applicant's commitment to school and community is excellent good fair poor

The applicant is able to seek, find, and use learning resources extremely well very well moderately well not well

The applicant demonstrates curiosity and initiative extremely well very well moderately well not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks extremely well very well moderately well not well

The applicant's respect for self and others is excellent good fair poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone _____

TRANSCRIPT INFORMATION

- High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
- Students currently enrolled in college or career and technical institution** must include recent college or career and technical education transcript of grades. Running Start grades posted on high school transcripts are acceptable. (Completion of the following section is not necessary.)

Applicant rank _____ in a class of _____ Cumulative grade point average _____/4.0 scale

PSAT Critical Reading _____ Writing _____ Math _____ SAT _____ Critical Reading _____ Writing _____ Math _____

ACT English _____ Math _____ Reading _____ Science _____ Writing _____ Composite _____

 School Official's Signature Date Title Telephone Number

Student Verification

I, _____, certify that the information on this application is true and accurate. I understand the importance of using these scholarship funds appropriately.

Student Signature

Date

Parent Verification

As the parent/guardian of _____, I certify that the information on this application is true and accurate.

Parent/guardian Signature

Date

Permission to use "Recipient Information" to Announce Scholarship Winners

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if applicant is less than 18 years old) _____

Signature of Chapter Official _____ State _____

Name of Chapter _____ West Valley Education Foundation _____

The following information is strictly optional:

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native
 White/Caucasian

Other (Please Specify) _____

APPLICATION CHECKLIST

This application for student scholarship becomes complete only when you have returned the following materials. (Two first-class stamps are required for mailing.)

- Application
- Letters of reference & all required signatures
- Applicant Appraisal in sealed envelope
- Current Transcript of Grades

Application Deadline: _____