



## STANWOOD-CAMANO AREA FOUNDATION

### General Adult Scholarship Application 2008

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Year you received your high school diploma or GED \_\_\_\_\_

Years of post-secondary education \_\_\_\_\_ Degree, if any \_\_\_\_\_

Proposed major area of study \_\_\_\_\_

Proposed School or Institution \_\_\_\_\_ Location \_\_\_\_\_

#### Minimum Applicant Requirements:

- Reside within boundaries of Stanwood-Camano School District - or - former graduate of Stanwood High School or Lincoln Hill High School
- Minimum of 21 years old
- Financial need

#### Forms required for all applicants:

- Application (this form)
- Specialized Criteria (see next page)
- Narrative (see next page)
- College transcript if courses taken during past 5 years OR high school transcript if graduated within the past 5 years
- One recommendation letter from an individual other than family members. If possible, it should be completed by a work supervisor or instructor.

#### Application Submittal:

- Application packets must be delivered or postmarked by August 15.**
- Do not bind or staple forms. Place the completed application packet in an 8 1/2 by 11 envelope.
- Packets may be delivered to our street address, #10 8820 Viking Way (next door to the Uff Da Shoppe) Tuesdays through Thursdays between 10:00 am and 3:00 pm OR mailed to our mailing address, PO Box 1209, Stanwood, WA 98292. *(Please do not mail applications to our street address as they will not reach us!)*
- This application becomes valid ONLY when the Foundation receives all the required documents. Check off the forms above to ensure that your packet is complete.

#### Certification and Permission to use "Applicant Information" to announce recipients

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the Stanwood-Camano Area Foundation, Scholarship America and its affiliated programs may use my name, name of my community, name and address of my school, amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media, to advance the non-profit objective of Scholarship America and its affiliated programs.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**STANWOOD-CAMANO AREA FOUNDATION**

**General Adult Scholarship Application 2008**

**Name** \_\_\_\_\_

**SPECIALIZED CRITERIA:**

Please indicate which scholarship(s) you are applying for and how you meet their specialized criteria:

Scholarship Name	Applying? Yes or No.	Specialized Criteria	Enter how you meet the Specialized Criteria
Gladys Heintz Memorial Scholarship 2 @ \$650		Age 21 or over, otherwise unrestricted.	
Peebler Caregiver Scholarship in memory of Katherine Jones 1 @ \$500		Age 21 or over. Care-giving of elderly including, but not limited to, nursing, medicine, nurse's aid, and home health care.	
Delores Haglund Jones Memorial Scholarship sponsored by the Northwest Snohomish County Democrats 1 or more @ \$500 or more		Age 21 or over. Single parent needing training/education assistance to compete in today's workforce.	

**NARRATIVE:**

Attach a short narrative introducing yourself and explaining what the funds requested would enable you to achieve. Total narrative should be *between 1 and 2 double-spaced pages* and should answer the following questions:

**Career Goals:**

- Briefly describe your current career goals.
- What is your plan to complete your proposed course of study?
- Where do you see yourself 5 years after completing your course of study?
- Why should the Foundation select you as a recipient of this award?
- Briefly describe your need for financial support from the Foundation.

**College or Vocational School:**

- Provide a website link, brochure, or information from another source that describes the course of study to be funded by a Foundation scholarship. Include course title, length, and cost.
- How will this course help you meet your career goals as stated above?

**Optional:**

- Describe any unusual family or personal circumstances that have affected your ability to continue your education.

Application ID # _____
Score _____
SCAF Use Only