



High School Senior **AVID** Scholarship Application 2024

Application Due Date: Friday, February 23, 2024

_____	_____	_____	_____
First Name	Last Name	Age	High School
_____		_____	_____
Address		City	Zip Code
Telephone Number: (____)_____		Email: _____	

Are you or a family member affiliated with ALCV or the Assisteens Program? _____

If you have family Military affiliation, fill out this portion.

Military Information: Who in your family is affiliated with the military?

_____Parent _____Foster Parent

Branch of Service _____ Rank _____ Active _____ Retired _____

Weighted Total High School GPA _____

What are your plans following High School Graduation?

Circle all that apply: 4 year College or University. Community College. Technical School

List all the colleges to which you have applied:

If you have already been accepted and know for sure where you will be attending, put an * next to that school.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Intended College major or CTE pathway _____



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Parent Financial Information:

Father/Guardian's Name _____ Occupation _____

Address: _____

Mother/Guardian's Name _____ Occupation _____

Address: _____

of additional children in the family _____ Ages of siblings _____

Combined annual family income (both parents or guardians).

Annual Family Income (check one)

___ Less than \$25,000

___ \$26,000-\$50,000

___ \$51,000-\$75,000

___ \$76,000-\$100,000

___ over \$100,000

Please check all that apply

___ Single Parent Family

___ Emancipated Minor

___ Other siblings in College full-time

___ Student Employed (see below)

___ Special Circumstance (explain)

Explain Special Circumstances Here:

Empty box for explaining special circumstances.

Student's Employment Records (if applicable)

Please list your last 2 employers (including current employers) with their names, addresses, your responsibilities, and your dates of employment.

1. _____

2. _____



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Personal Essay

Limit 1 page

Must include the following information:

- Family
- Interests and goals (educational plan and career choices)
- Clubs, organizations, school and community activities (school offices held, awards/honors, volunteering)
- What is the most impactful community service or leadership role in which you have participated?
- What is a personal hardship you have experienced and how did you overcome this?

In addition to your application, please include:

- High School Transcripts including 1st semester of Senior year
- Resume
- 2 letters of recommendation:
 - ⇒ A letter from a current Teacher or Counselor
 - ⇒ A second letter from an individual of your choice

My signature verifies that the information given is accurate to the best of my knowledge.

Student's Signature _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Teacher, Counselor or Administrator's signature _____ Date: _____

Application Due Date: **Friday, February 23. (Late applications will not be accepted!)**

Please email the completed application to ALCapistranoValleyScholarships@gmail.com.

This application can also be downloaded from this [webpage](#)



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