



High School Senior Scholarship Application 2024
For Students with family Military Affiliation

Application Due Date: Friday, February 23, 2024

Form fields for personal information: 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?

Military Information section: 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. 2. 3. 4. 5. 6. (Numbered list of college names)

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)

Please check all that apply

Less than \$25,000

Single Parent Family

\$26,000-\$50,000

Emancipated Minor

\$51,000-\$75,000

Other siblings in College full-time

\$76,000-\$100,000

Student Employed (see below)

over \$100,000

Special Circumstance (explain)

Explain Special Circumstances Here:

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 1<sup>st</sup> 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](mailto:ALCapistranoValleyScholarships@gmail.com).

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



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