



**Tesoro High School Senior Scholarship Application**

**Application Due Date: Friday, February 23, 2024**

|                               |                  |              |                    |
|-------------------------------|------------------|--------------|--------------------|
| _____                         | _____            | _____        | _____              |
| <b>First Name</b>             | <b>Last Name</b> | <b>Age</b>   | <b>High School</b> |
| _____                         |                  | _____        | _____              |
| <b>Address</b>                |                  | <b>City</b>  | <b>Zip Code</b>    |
| 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 \_\_\_\_\_



## Tesoro High School Senior Scholarship Application

### 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:

### 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
- 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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