



2025 AVID High School Senior Scholarship Application

Application Due Date: Friday, February 21, 2025

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? _____

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:

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? Explain Why!
- 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
- Signature Page
- Personal Essay
- Resume
- 2 letters of recommendation:
 - ⇒ A letter from a current Teacher or Counselor
 - ⇒ A second letter from an individual of your choice

Application Due Date: Friday, February 21. (Late applications will not be accepted!)

Please email the completed application to:

scholarships@assistanceleague-capistranovally.org

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



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