

# Mission Viejo Activities Committee Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT  
SIGNATURES ON THE APPLICATION. THE ESSAY  
MUST BE TYPED AND DOUBLED SPACED BY APPLICANT.  
Completeness and neatness insure your application will be reviewed properly.

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**APPLICANT** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**DATA** Permanent Address \_\_\_\_\_ Unit/Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ (for tax purposes only)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

LEGAL STATUS - US Citizen \_\_\_\_\_ Resident Alien \_\_\_\_\_

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**PARENT OR  
GUARDIAN  
INFORMATION** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Unit/Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ (for tax purposes only)

The applicant is a dependent of this individual  Yes  No

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**HIGH  
SCHOOL  
DATA** School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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**POST  
SECONDARY  
SCHOOL  
DATA** Name of college or university you plan to attend. (If unknown, please list in order of preference the schools to which  
applications for admission have been sent.) Use official school names.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Student will enroll in a baccalaureate program at a –

4 yr. College or University  2 yr. Community or Junior College  Other \_\_\_\_\_

Major or course of study \_\_\_\_\_ Anticipated date of graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Student will  live on campus  live off campus  commute from home

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**COMMUNITY SERVICE**

List all community service projects and hours in which you have participated without pay during the **past four years** (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics, MVAC.) Indicate all special awards, honors and offices held.

Activity	# of Years	Special Awards, Honors	Offices Held	Contact Name	Contact's Telephone Number

**WORK EXPERIENCE**

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Employer/Position	From - mo/yr	To - mo/yr	Hours per Week	Contact Person	Contact 's Number

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and future goals.

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**COMMUNITY**

Please type with double space a personal essay on the importance and future of community service to you and your community. Maximum 350 words.

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

To be completed by a high school counselor or advisor, an instructor or mentor who knows you well.

*You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a post secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> appropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving Skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION**

The student is responsible for submitting all materials to MVAC on time. The application for a scholarship becomes complete and valid only when MVAC has received all of the following materials:

- Student Application
- Current Transcript of Grades (including grading scale)
- Typed/Double Spaced Essay (350 Maximum)

**All materials, including transcript must be addressed to:**

MISSION VIEJO ACTIVITIES COMMITTEE  
Scholarship Program  
24932 Veterans Way  
Mission Viejo, CA 92692

**POSTMARK DEADLINE APRIL 1**

**CERTIFICATION**

The Mission Viejo Activities Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. I acknowledge decisions of MVAC are final. I certify I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best on my knowledge. If requested, I agree to give proof of information I have given on the form, including a copy of my Federal Income Tax Return. Falsification of information may result in termination of any scholarship granted. This application becomes the property of MVAC.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_