

Mission Viejo Activities Committee

Volunteer Scholarship Program

Application must be printed or typed, doubled spaced by applicant. Signatures on all forms and references must be original. No email addresses. Failure to follow the instructions and falsification of information will disqualify the candidate. Completeness, neatness, correct grammar and spelling insure your application will be reviewed. MVAC verifies all information and references

APPLICANT Last Name _____ First _____ Middle Initial _____

DATA Permanent Address _____ Unit/Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Date of Birth: Month _____ Day _____ Year _____

LEGAL STATUS - US Citizen _____

Do you qualify for financial aid? _____ What scholarships (dollar amount) have you received? _____

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

HIGH SCHOOL DATA School Name _____ Graduation Date: Month _____ Year _____

City _____ Telephone (_____) _____

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

VOLUNTEER SERVICE List all projects and hours you have volunteered the **past 4 years** (Boy/Girl Scouts, hospital, church and MVAC, etc.) Indicate awards, honors and offices held. Failure to list the hours and a contact person with a valid phone number may disqualify the candidate. . No email addresses!

Organization	Dates	Activity	Hours Complete	Contact Name	Phone #

SCHOOL EXPERIENCES

School Activity	Date	Office Held	Award or Honor	Contact Name	Phone #

SPORTS

Sport	Dates	Event or Position	Award / Honor / Letter	Contact Name	Phone #

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	From – mo/yr	To – mo/yr	Hours per week	Contact Name	Phone #

GOALS AND ASPIRATION

Make a brief statement or summary of your plans as they relate to your educational and career objectives and future goals. If necessary attach a separate page to complete.

COMMUNITY

Please type a double spaced, personal essay on the importance and future of community service to you and your community. Please attach a separate page for your essay. Maximum 350 words.

UNUSUAL CIRCUMSTANCES

Please describe any unusual circumstances that have affected your personal life- school, work or your participation in community activities.

**APPLICANT
APPRAISAL**

Three letters of recommendation from a teacher, counselor, community organization, pastor or mentor who is not related to you and has knowledge of your potential.

(REQUIRED)

Letter of recommendation should be one page and address some of the following issues:

- Does applicant's achievements reflect his/her ability
- Does applicant demonstrate curiosity and initiative in their endeavors
- Does applicant demonstrate good problem-solving skills and follow through skills
- Does applicant demonstrate respect and kindness for self and others
- Any comments or observations you feel may be helpful to the applicant
- Your relationship to the applicant, the name of the organization you represent and phone number.

When complete, please return to the applicant in a sealed envelope. Letter must be signed, dated and not a copy of a letter. Failure to follow the instructions could eliminate the candidate.

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

Official Transcript Current grades (with grading scale) *No copies, in sealed envelope & signed.*

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

All materials, including transcript must be addressed to:

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

POSTMARK DEADLINE APRIL 10th

Finalists will interview with the Scholarship Committee. You will be notified of the date and time. Scholarship recipients will be required to supply their Social Security number for tax purposes.

CERTIFICATION The Mission Viejo Activities Committee has the sole responsibility for selecting recipients based on application and interview. All decisions of MVAC are final.

I certify: I meet the eligibility requirements of the MVAC scholarship as described in the brochure. The information provided is accurate. If requested, I will provide proof of information I have listed on the application. Falsification of information will result in termination of any scholarship granted. This application becomes the sole property of MVAC.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____