



*working for tomorrow's education*

## **The West Valley Education Foundation Academic Scholarship Program**

The WEST VALLEY EDUCATION FOUNDATION was created to enrich and help maximize the quality of education in the schools of the district by providing financial support for programs that assist in achieving academic excellence. To this end, the Foundation developed the **Student Academic Scholarship Program**.

**The Liberg Memorial Scholarship**, which is overseen by the West Valley Education Foundation Academic Scholarship Program, will financially assist qualified applicants in obtaining degrees or certificates from accredited Washington or Idaho academic institutions of higher learning or career and technical institutions. The program is open to any high school senior preparing to enter or already attending these institutions.

One scholarship will be awarded based on merit as measured by academic performance and defined extracurricular activities; leadership; and, when appropriate, financial need.

**Scholarship Award will be \$500 for the 2011-2012 school year.**

An application form is attached. *If you have any questions, please contact the West Valley Education Foundation at [wvf@wvsd.com](mailto:wvf@wvsd.com) or 924-2150.*

### **West Valley Education Foundation Goals**

- To encourage academic excellence in the West Valley School District schools by providing funding not available through traditional local, state or federal sources.
- To provide a perpetual source of funds through donations received from individuals, corporations, foundations, fund raising projects and interest earned on endowment funds.
- To serve as a catalyst and conduit for involving the community in the West Valley School District.

## **Application Process**

All application materials should be submitted to your high school counselor or sent to the West Valley Education Foundation, 2805 North Argonne Road, Spokane, WA. 99212. To be considered for an award, all of the following items must be received by the Foundation by

**April 15, 2011:**

- A completed Application Form
- Two letters of reference (from those who are not relatives of the candidate) that address the suitability of the candidate for the award, nature of the relationship with the candidate and length of time of the relationship.
- Student/Applicant Verification Form
- Parent/Guardian Verification Form

## **Selection Criteria**

- Academic achievements
- School activities
- Community/civic activities
- Part-time work
- Financial need
- Letters of recommendation

Note: The above criteria are unweighted and unranked.

All materials submitted for consideration for a scholarship automatically become the physical property of the West Valley Education Foundation and will not be returned to the sender.

***Please note: Applicant may attach additional pages if necessary to complete application data.***

# West Valley Education Foundation Scholarship Application

**ID #**

**AWARD AMOUNT**

**PLEASE PRINT OR TYPE**

## **APPLICANT DATA**

Mr.  \_\_\_\_\_  
Ms.  Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

( )  
Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant  
(Street) (City) (State) (Zip)

( )  
Telephone Number

## **SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address (Street) (City) (State) (Zip) ( )  
Telephone Number \_\_\_\_\_

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_  
4-year College/University  Vo-Tech   
Community College  Other

Accredited? Yes \_\_\_\_\_ No \_\_\_\_\_

Address (City) (State) (Zip)

Year in postsecondary program during coming school year:  Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  Live on campus  Live off campus  commute

Enrolled: less than half-time half-time or more full-time \_\_\_\_\_

Anticipated date of graduation from postsecondary program \_\_\_\_\_  
(month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

ID #

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**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Print your response to the following statements (up to 300 words) on a separate page attached to this application: Make a statement of your plans as they relate to your educational and career objectives and future goals.

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

**APPLICANT APPRAISAL (REQUIRED)**

ID # \_\_\_\_\_

**To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.**

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. **When complete, please return original or photocopy of this section to applicant in a sealed envelope.**

The applicant's choice of a postsecondary education program is appropriate  extremely appropriate  very appropriate  moderately  inappropriate

The applicant's achievements reflect his/her ability  extremely well  very well  moderately well  not well

The applicant's ability to set realistic and attainable goals is  excellent  good  fair  poor

The quality of the applicant's commitment to school and community is  excellent  good  fair  poor

The applicant is able to seek, find, and use learning resources  extremely well  very well  moderately well  not well

The applicant demonstrates curiosity and initiative  extremely well  very well  moderately well  not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks  extremely well  very well  moderately well  not well

The applicant's respect for self and others is  excellent  good  fair  poor

Comments (Do not name student) \_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**TRANSCRIPT INFORMATION**

1. Applicants must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. Seniors currently enrolled in Running Start classes must include recent college transcript of grades.

Applicant rank \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_/4.0 scale

PSAT Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_ SAT \_\_\_\_\_ Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

ACT English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Writing \_\_\_\_\_ Composite \_\_\_\_\_

\_\_\_\_\_  
 School Official's Signature Date Title Telephone Number

School Address (Street) (City) (State) (Zip)

## Student Verification

I, \_\_\_\_\_, certify that the information on this application is true and accurate. I understand the importance of using these scholarship funds appropriately.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Parent Verification

As the parent/guardian of \_\_\_\_\_, I certify that the information on this application is true and accurate.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

### Permission to use "Recipient Information" to Announce Scholarship Winners

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

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

Parent Signature (if applicant is less than 18 years old) \_\_\_\_\_

Signature of Chapter Official \_\_\_\_\_ State \_\_\_\_\_

Name of Chapter West Valley Education Foundation

The following information is strictly optional:

### **DEMOGRAPHIC DATA (optional)**

**Please Check All that Apply:**

- African American/Black     Asian/Pacific Islander     Hispanic/Latino     American Indian/Alaska Native  
 White/Caucasian  
 Other (Please Specify) \_\_\_\_\_

### **APPLICATION CHECKLIST**

This application for student scholarship becomes complete only when you have returned the following materials.  
(Two first-class stamps are required for mailing.)

- Application
- Letters of reference & all required signatures
- Applicant Appraisal in sealed envelope
- Current Transcript of Grades

Application Deadline: \_\_\_\_\_