

Terms and Conditions

About the Scholarship Program:

The Carolyn Coles O'Neil Corbet Scholarship Fund was established to provide post-secondary educational funding to a student graduating from Wickenburg High School.

Eligibility:

- U.S. citizen or permanent resident and Arizona resident for tuition purposes at public colleges.
- High school senior graduating from Wickenburg High School with high academic potential as indicated by grade point average and standardized test scores.
- Financial need as determined by the Free Application for Federal Student Aid (www.fafsa.ed.gov/)
- Participation in school and community activities.
- Admitted to an accredited, post-secondary institution or vocational program, with intent to enroll as a full-time student.

Award:

\$1000, in two payments of \$500 before the start of each semester.

Application Process:

Submit the application materials by the deadline below to: Julie Brooks Chamber of Commerce 216 N. Frontier St. Wickenburg, AZ 85390

Application Deadline: April 30^h, 2014

Scholarship Award Announced: Announcements will be made at the 2014 Wickenburg High School Awards Ceremony .

2014 - 2015 Academic Year



Application Check List and Cover Sheet (Incomplete packets will not be considered)

Name

My application contains:

- □ This check list and cover sheet.
- □ Two letters of recommendation with the Letter of Recommendation Form.
- Official high school transcript through the seventh semester.
- Copy of SAT or ACT score report.
- Copy of your Student Aid Report, resulting from having submitted the FAFSA.
- Completed scholarship application forms, including essay.

Certification and Signatures

I certify that:

- The application packet is complete.
- The information on the application is true and accurate to the best of my knowledge.
- The essay I submit is my original work.
- Furthermore, I authorize my high school or university to release academic, financial and/or other necessary information as required by the donor and/or the Arizona Community Foundation.

Student Signature		Date
5		

Parent/Legal Guardian Signature	Date
(For students under age 18)	

Social Security Number



2014 - 2015 Academic Year

Instructions: The selection of scholarship recipients is influenced by the completeness of replies. Print your responses using black ink. Responses may also be printed separately using a font size no smaller than 10 point and pasted to the form.

A. Applicant Information	1				
Full Name	ull Name Preferred Name or Nickname			ame	
Gender 🖸 Female 🗖 Male	e Date of Birth	//So	ocial Security Number		
Home Address		City	State	Zip	
Phone Number ()		E-mail Address			
Positions Held; Honors/Awa	ards Won; Letters Earn	ed; Special Recognition.	Include month/year of	participation	
B. Family Information					
Father's/Guardian's Full Name			Li	iving? 🗖 Yes	🗅 No
Mother's/Guardian's Full Name	9		L	iving? 🗖 Yes	🗅 No
Number of siblings?	_ Please list the n	ames, ages, school/college	e and grade level for each	of your siblings.	
Name	Age	School/Collec	je	Grade Level	
C. Academic Informatior	 				-
To which universities have y	/ou applied?				
Have you received letters of	f admission to any unive	ersities? Which?			
What is your intended caree	er choice?				
What is your intended major	r in college?				
Arizona Community Foundat 800.222.8221	tion, 2201 East Camelba	ick Road, Suite 405B, Pho	enix, AZ 85016		



2014 - 2015 Academic Year

D. Community Service Activity

Activity		Hrs. Invested per Year	Month/Year of Participation

E. Essay Question.

Your essay should demonstrate style, depth, and breadth of knowledge and individuality. Limit your responses to 500 words. Print your essay and include it with the application. Give considerable thought to your writing as it will weigh heavily in the readers' decisions.

<u>Essay:</u> Describe your life goals and the place of education in those goals. How will funding from this scholarship affect your goals.



2014 - 2015 Academic Year

Letter of Recommendation Form

(Applicant will submit two letters of recommendation)

PART A:

This part of the form is to be completed by the student.

Student Name				
	First	Middle	Last	
Address				
	Number	Street	Apt. #	
	City	State	Zip	
Check your choice	:			
	ht to view this letter of recore my right to view this letter of	nmendation. (Strongly recommendent of recommendation.	nded).	
Student Signature			Date	

PART B:

This part of the form is to be completed by the individual providing the recommendation: a teacher, HS administrator or counselor, employer or volunteer service leader.

PERSONAL RECOMMENDATION FORM INSTRUCTIONS

When completed, place this recommendation in a sealed envelope, sign across the seal and return to the student. Please TYPE YOUR RECOMMENDATION or print using black ink. You may use the back of this sheet for your comments. If your recommendation is printed separately, please include this form with your recommendation.

- STRENGTHS: What are the student's academic strengths and weaknesses?
- PERSEVERANCE: Are there special circumstances or obstacles that the student has had to overcome?
- LEADERSHIP: In what ways does this student show strong evidence of leadership ability?
- CHARACTER: How does the student demonstrate character?
- TALENT/SKILLS: Does the student have any special talents or skills?

Your evaluation will become part of the student's confidential file intended for use by the selection committee.

Your name	Title
Work Phone	Length of Association with the student
In what capacity?	
Signature	Date



2014 - 2015 Academic Year

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Address				
_	Number	Street	Apt. #	
	City	State	Zip	
Check your choic	e:			
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