

Ramona Food & Clothes Closet, Inc.
“COMMUNITY SPIRIT SCHOLARSHIP”
(Revised: 03/17/09)

APPLICATION FORM

STUDENT INFORMATION

NAME: _____
(last) (first) (middle)

ADDRESS: _____
(number & street) (city) (zip code) (telephone #)

EMAIL ADDRESS: _____ BIRTHDAY: _____

PLACE OF BIRTH: _____ LANGUAGES SPOKEN IN HOME: _____ and _____

YOUR GROSS INCOME: _____

FAMILY INFORMATION

FATHER: _____ ADDRESS: _____
(last name) (first name)

EDUCATION COMPLETED BY FATHER: _____ GROSS ANNUAL INCOME: \$ _____

MOTHER: _____ ADDRESS: _____
(last name) (first name)

EDUCATION COMPLETED BY MOTHER: _____ GROSS ANNUAL INCOME: \$ _____

SIBLINGS: _____
(# living at home) (# currently in college) (# who completed college)

OTHER FAMILY INFORMATION YOU DESIRE WE CONSIDER:

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HIGH SCHOOL ACTIVITIES & ACCOMPLISHMENTS

HIGH SCHOOL GRADUATION DATE: _____

NAME & LOCATION OF YOUR HIGH SCHOOL: _____ or HOME SCHOOLED: Yes or No

ACTIVITIES: _____

OFFICES HELD: _____

HONORS RECEIVED: _____

OTHER _____

COLLEGE or VOCATIONAL SCHOOL PLANS

INTENDED CAREER: _____

COLLEGE OR VOCATIONAL SCHOOL TO WHICH I HAVE BEEN ACCEPTED: _____

I PLAN TO LIVE: ON CAMPUS _____ AT HOME _____ OTHER _____

ESTIMATE OF SCHOOL EXPENSES:

TUITION \$ _____ BOOKS/SUPPLIES \$ _____

ROOM & BOARD \$ _____ TRANSPORTATION \$ _____

OTHER LARGE EXPENSES (explain) _____

WORK EXPERIENCE
(paid or unpaid)

| EMPLOYER | DATES EMPLOYED | JOB TITLE |
|----------|----------------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

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TEACHER RECOMMENDATIONS

(Attach recommendation letters from two of your current teachers.)

1. TEACHER’S NAME _____ SUBJECT: _____
2. TEACHER’S NAME: _____ SUBJECT: _____

RELEASE/AGREEMENT

We authorize the Ramona Food & Clothes Closet to use my photograph and scholarship application essay in promoting this, and any future awarding of their “Community Spirit Scholarships.” We understand and agree, that should I receive this scholarship, I will furnish a complete grade report and verification of community service volunteer hours completed at the Ramona Food & Clothes Closet to the Scholarship Selection Committee at the completion of each semester or quarter of school completed. We understand that this grade report will be used in determining whether the scholarship is awarded for additional semesters/quarters. We authorize this release/agreement to be in effect during all years in which I am receiving a “Community Spirit Scholarship.” We further certify that all information and statements made in this application are true and complete to the best of our knowledge.

APPLICANT’S SIGNATURE: _____ DATE SIGNED: _____

FATHER’S SIGNATURE: _____ DATE SIGNED: _____

MOTHER’S SIGNATURE: _____ DATE SIGNED: _____

(At least one parent or legal guardian signature required. Explain if unable to obtain second parent’s signature)