South Coast Community Chorale Scholarship Application Information will be kept confidential

Today's Date:	_	SCHOLARSHIP YOU ARE APPLYING FOR
APPLICANT INFORMATION:		Isabelle White Memorial Scholarship
		Karen K. Miller Memorial Scholarship
Name:		Telephone:
Address:		Highest level of education completed:
College Attending:		Year of Graduation:
College Major:		Including applicant, how many family
· ·		members will be in college next year?
Parent/Guardian Name (if under 18):		Parent/Guardian Address:
SCCC Member Name:		Relationship to SCCC Member:
LIST SCHOOL ACTIVITIES: (attac	ch additional information	n if needed)
Name of Activity:	Years Active:	Position(s) Held:
Nume of Addivity.	Tours Adire.	- Conton(G) Hold.
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LIST AWARDS, SCHOLARSHIPS	, OR HONORS: (attach a	dditional information if needed)
In addition to the above inform	nation please include the	e following:
Essay of at least 500 words describing your career aspirations		
2. One adult personal letter of reference (not a relative)		
3. Two educational letters of reference		
4. Copy of academic transcripts of accredited schools from the last three years (include high school if applicable)		
5. Proof of acceptance (or enrollment) to trade school, college, or university acceptance letter		
6. Resumé		
I hereby certify that the informat	ion above is true and acc	
Signature:		Date:
		<u> </u>
I give SCCC permission to use m	ny name and likeness for	r promotional purposes in perpetuity:
Signature:		Date: