



Scholarship Awards Program 2020-2021

The Women's Club of Hollister Scholarship Awards are intended to recognize young women who are active in community service, academic leadership, and activities selected by graduating high school senior females from San Benito County. **Young women with a 4.0 GPA** (non-weighted) are encouraged to complete the application, regardless of household size or financial status. Each year we have the opportunity to award scholarships to deserving students. **All applications must be postmarked on or before February 1st each year. *Incomplete or late applications will not be considered.***

The following documents shall be completed dated, signed and submitted as part of this Scholarship Awards Program:

- Scholarship Application (**Form A**) (completed by student)
- Counselor/Teacher Recommendation (**Form B**) (completed by teacher)
- Community Service Recommendation (**Form C**) (completed by leader or mentor)
- High School Transcript (including SAT scores) (**Must contain school seal and signature.**)
- A 500-word summary of your high school experience and your involvement and contribution in support of community service

For those applicants who will be called for an interview with the Scholarship Committee, Candidates will be assessed on:

- Professional appearance
- Demeanor
- Communication skills

Thank you for participating.

Mailing address:

Women's Club of Hollister
P.O. Box 818
Hollister, CA 95024-0818



Scholarship Application Form A

Application and all supporting documents listed to the right must be postmarked on or before:

February 1st

***Mail to: Women's Club of Hollister
P.O. Box 818, Hollister, CA 95024***

Scholarship Application Checklist:

- _____ Application (**Form A**)
- _____ Counselor or Teacher Recommendation letter (**Form B**)
- _____ Community Service Recommendation letter (**Form C**)
- _____ High School Transcript (including SAT scores)
- _____ Personal Essay

Incomplete or late scholarship applications will not be considered.

Note: All information contained in this document is confidential and will not be shared with any outside parties, other than the Scholarship Committee and colleges listed on your application. Application and forms are available at each high school.

Name of Student: _____

Name of Parent or Guardian: _____

Home Address: _____
Street Address City & Zip Code Phone Number

Student's Email: _____

Birthdate: _____ Place of Birth: _____

High School: _____

School Address: _____
Street Address City & Zip Code

Grade Point Average (G.P.A.): _____ (unweighted) SAT Score and/or ACT Score: _____

When will you graduate from high school? (Month/Year): _____

College or University you plan to attend: _____

For what business or profession are you preparing? _____

If awarded a scholarship, are you prepared to enroll at a recognized college or university within 12 months of the date of the award? Yes _____ No _____

Are you currently working? _____ If yes, how many hours per week? _____

Employer Company Name: _____

If employed, is anyone dependent on your present income? _____

Do you plan on working while attending college? _____

Have you applied for a Free Application for Federal Student Aid (FAFSA)? Yes ___ No _____

If no, why not? _____

Please list any other financial support you may receive (scholarships or grants) towards your post high school educational expenses: _____



List college(s), which you have applied to:

College Name	City	State	Annual Tuition

What is your planned major? _____

What is your career objective? _____

Are you a first generation college student? _____

Community Service (Volunteerism)	Hours per Week	What did you learn from this experience?

Extra-curricular/School Clubs/Sports (Junior/Senior years only)	How did you benefit from this experience?

I certify that all the information presented in this scholarship application is true and correct to the best of my knowledge. I understand that providing false information or misleading information will result in disqualification from the scholarship competition. I understand this information is confidential except for the purpose of scholarship applications.

Student's Signature Date

Parent's/Guardian Signature Parent's Phone Number Date



Form B - Recommendation

To be Completed by Counselor or Teacher

This **FORM B** together with an official transcript of the applicant's high school scholastic record and letter of recommendation is to be returned by the counselor or teacher, to the student. The report, transcript and letter are to be used as reference in the consideration of this applicant for the **Women's Club of Hollister Scholarship Award**.

Name of Applicant: _____

How long has the applicant been a student in your school? _____

On what do you base your ratings of the applicant? Personal acquaintance _____
 School records _____ Reports of instructors _____

Has the applicant maintained a definite and sincere interest in her studies? _____

I recommend this applicant for a scholarship. Highly _____ Good degree of confidence _____

Fair degree of confidence _____ With some doubt _____

Personal rating of the applicant (circle rating for each characteristic):

	High (1-4)				Fair (5-8)				Low (9-10)	
Leadership	1	2	3	4	5	6	7	8	9	10
Citizenship	1	2	3	4	5	6	7	8	9	10
Attitude	1	2	3	4	5	6	7	8	9	10
Personality	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Cooperation	1	2	3	4	5	6	7	8	9	10
Dependable	1	2	3	4	5	6	7	8	9	10
Responsible	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Honesty	1	2	3	4	5	6	7	8	9	10
Judgment	1	2	3	4	5	6	7	8	9	10

In a separate sealed envelope, please include a Letter of Recommendation for this student.

Your Name and Position _____



Form C – Community Service Recommendation

To be Completed by Community Service Leader or Adult Mentor

This **FORM C** and letter of recommendation is to be returned to the student. The information will be used as reference in the consideration of this applicant for the **Women's Club of Hollister Scholarship Award**.

Name of Applicant: _____

How long has the applicant volunteered with your organization? _____

What demographic and type of service does your organization provide to the community? _____

Please specify the activity or activities the applicant participates in with your organization. _____

I recommend this applicant for a scholarship: Highly _____ Good degree of confidence _____

Fair degree of confidence _____ With some doubt _____

Personal rating of the applicant (circle rating for each characteristic):

	High (1-4)			Fair (5-8)				Low (9-10)		
Leadership	1	2	3	4	5	6	7	8	9	10
Citizenship	1	2	3	4	5	6	7	8	9	10
Attitude	1	2	3	4	5	6	7	8	9	10
Personality	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Cooperation	1	2	3	4	5	6	7	8	9	10
Dependable	1	2	3	4	5	6	7	8	9	10
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Motivation	1	2	3	4	5	6	7	8	9	10
Honesty	1	2	3	4	5	6	7	8	9	10
Judgment	1	2	3	4	5	6	7	8	9	10

In a separate sealed envelope, please include a Letter of Recommendation for this student.

Your Name and Position _____