



Vancouver Vision Clinic **SCIENCE SCHOLARSHIP**

High School Seniors in the Vancouver School District are eligible to apply

Vancouver Vision Clinic Science Scholarship

The Vancouver Vision Clinic Science Scholarship was established by its donors to assist the recipients with post-secondary education or training leading to a career in the field of science. Two \$1,000 scholarships will be awarded annually to seniors attending high school in the Vancouver School District. The Vancouver School District Foundation will assist in the selection process.

Eligibility Requirements

- Be a senior student attending high school in the Vancouver School District
- Show evidence of clear goals related to a career in science
- Demonstrate a personal history of community service and of helping others
- Maintain a GPA of 3.00 or above

Directions to Apply

1. Complete this scholarship application by the established deadline. In addition you must write a letter (typed – not to exceed one page) explaining to the donors how this scholarship would help you to achieve your goal of a career in the field of science
2. Include one sealed copy of your high school transcript
3. Submit two letters of recommendation from adults who know you well, but are not related to you. This could be a teacher, coach, employer or family friend
4. Return completed application, narrative, transcript, and letters of recommendation to the Career Counseling Center

Selection Process

- Applications will be reviewed by a scholarship committee made up of a Career Counselor, an Associate Principal for Curriculum, a representative from the Vancouver School District Foundation and one or more representatives from Vancouver Vision Clinic
- The scholarship committee may choose to interview some or all applicants
- Recommendation from the committee shall be sufficient evidence of compliance with the donor's wishes so as to permit the VSD Foundation to make the award and to distribute funds to a post secondary institution
- Notification letters will be mailed to all applicants prior to May 3, 2010

Deadline to submit application packet: FRIDAY, APRIL 9, 2010, 4:00 p.m.



Vancouver Vision Clinic SCIENCE SCHOLARSHIP

GENERAL INFORMATION

Name: _____ Date of Birth: _____

Permanent Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail Address: _____ Social Security #: _____

Number of years attending high school: _____

Class Counselor: _____ Phone: _____

Do you live with your parents? Yes No If not, with whom? _____

Are your parents/guardians currently employed? Father: Yes No Mother: Yes No

List any family members that will be attending a college/vocational school next year in the space below.

Name	Age	School	Annual Tuition

List other scholarships, by name and/or donor, for which you are applying or have received.

Name of Scholarship	Pending	Notification Date	Received	Award Amount

SCHOOL INFORMATION

College/University or vocational school you plan to attend: *Use official school names. Do not use abbreviations.*

_____ City/State: _____

If known, what is your area of study and reason for your choice? _____

EXTRACURRICULAR ACTIVITIES

In the table below, highlight your achievements both in and out of school. Include teams you have been a member of, club affiliations, leadership positions, community service work and any awards or honors you have received.

School and/or Community Activities	Year of Participation	Accomplishments, awards or honors earned

ATTACHMENTS

1. A sealed copy of your high school transcript.
2. Two letters of reference from adults that know you well, but are not related to you, (a teacher, employer or family friend), describing your qualities as they pertain to the purpose and requirements of this scholarship award.
3. A typed letter no longer than one (1) page in length that answers the following questions:
 - Explain your interest in science.
 - Explain how your have been involved in service activities at school and in the community.
 - Include anything else you would like the review committee to know about you personally.

CERTIFICATION

I acknowledge that this is a competitive selection process and that the decision of the Scholarship Committee and the Vancouver School District Foundation is final.

I certify that the information provided is complete and accurate to the best of my knowledge and that intentional misrepresentation is cause for disqualification. If asked, I agree to provide proof of the information I have provided. The scholarship committee has my permission to contact my references and/or school officials for additional academic or character reference information.

If selected to receive a scholarship, I understand that the scholarship must be used during the school year that immediately follows the year of my high school graduation.

I further understand that if selected as the award recipient, the scholarship amount will be paid to the post secondary school I have identified and that I am not eligible to be reimbursed for any previous tuition expenses. As such, the scholarship award will not be paid directly to me under any circumstances.

Applicant's Signature: _____

Date: _____