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**Student Applicant Scholarship Checklist**

**Name of Scholarship** Squaxin Youth Council/ Mark Snyder Trades

**Student Classification** (Check all that apply.)

Current student

Incoming freshman

Working toward a certificate

Working toward an associate’s degree

Working toward an OC bachelor’s degree

Full-time (12 credits or more per quarter, may vary depending on program)

Part-time (6 to 12 credits per quarter)

In the case of part-time enrollment, do you wish to award:

Full scholarship

Pro-rated scholarship

**Educational Plans & Pursuits** (Check all that apply.)

Major area of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic or prof-tech program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferring to a four-year college

**Geographic Requirements** (Check all that apply.)

US citizen

Washington state resident

County resident

Kitsap County

Mason County

Other – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Requirements & Preferences** (Check all that apply.)

Required GPA (grade point average) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funds** (Check all that apply.)

Tuition and mandatory fees

Books and supplies

Living expenses

**Application**

Would you like to ask a specific essay question? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**After the Award**

I wish to participate in the annual Donors & Scholars Award Event

Please forward correspondence to me from student recipients

I wish to remain anonymous

**Exceptions**

In case of extenuating circumstances, do you wish to allow exceptions to the following

scholarship requirements?

GPA

Enrollment status (Fewer than 12 credits) How do you want the decision to be made?

With donor approval

At the discretion of the Foundation Executive Director