



THE AGATHA BAXTER SCHOLARSHIP

• College Drive • Blythe, CA 92225 • 760-921-5553

.....Where Knowledge takes Root and Opportunity Grows

AWARDS: 1 @ \$1101 and 2 @ \$1102

APPLICATION DEADLINE: November 9, 2017 @ 5:00p.m.

SCHOLARSHIP PROVISIONS:

- ❖ Applicant must be *PERMANENT RESIDENT* of Riverside or San Bernardino Counties.
- ❖ Applicant must have a Cumulative GPA of 3.0
- ❖ Applicants enrolled as full time students will be given preference.
- ❖ Applicant must have financial need. Those with Zero Estimated Family Contribution (EFC) will be given preference.
- ❖ Previous recipients of the Community Foundation Scholarship are given preference.
- ❖ Two Reference forms completed and signed by non-relatives (**do not submit more than two**)
- ❖ One copy of an official high school transcript for recent high school students, returning PVC students do not need to submit a transcript. Students that have transferred from another College will need to provide an official transcript.
- ❖ **Scholarship application must be typed**
- ❖ *Funds will be paid directly to the student in the form of a check*

A. PERSONAL INFORMATION

Name: _____
Last First STUDENT ID

ADDRESS: _____
Street City State ZIP Code

HOME PHONE: _____ CELL PHONE: _____

B. SCHOLASTIC INFORMATION

HIGH SCHOOL: Year Graduated _____ or GED _____

COLLEGE: # of Units Completed _____ GPA _____ MAJOR: _____

GOAL: _____
AA/AS, BA/BS or MA DEGREE

C. REFERENCES:

NAME: _____ Telephone #: _____

Name of Organization: _____ Position: _____

NAME: _____ Telephone #: _____

Name of Organization: _____ Position: _____

D. FINANCIAL INFORMATION:

PLACE OF EMPLOYMENT: _____

POSITION: _____ PHONE: _____

SUPERVISOR'S NAME & TITLE: _____

MONTHLY INCOME: _____



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E. EXTRA CURRICULAR ACTIVITIES:

F. HOW WOULD YOU DESCRIBE YOURSELF:

G. DESCRIBE YOUR EDUCATIONAL AND CAREER GOALS:

H. PREVIOUS COMMUNITY FOUNDATION SCHOLARSHIP RECIPIENT:

___ YES, I have previously been awarded a **Community** Foundation Scholarship, YEAR/TERM: _____

___ NO, I have not previously been awarded a **Community** Foundation Scholarship.

The Community Foundation Scholarship is not the Palo Verde College Foundation Scholarship.

I. SIGNATURE:

I certify that the information given is true and accurate to the best of my knowledge, and I authorize its release to the scholarship committee members who need to consider my application.

Signature of Applicant

Date

Return completed application, transcripts, and two reference forms by November 9, 2017 to the Financial Aid Department, Palo Verde College, 1 College Dr., Blythe, CA 92225.



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REFERENCE FORM #1

APPLICANT CONTACT INFORMATION

Fill in the below contact information and give this form to someone who knows you well and has knowledge of your academic capabilities.

Last Name: _____ First Name: _____ Student ID #: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____ Cell Phone: _____

REFERENCE

Palo Verde College finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal accomplishments.

Name: _____ Telephone #: _____

Name of Organization: _____ Position: _____

BACKGROUND

How long have you know the applicant and in what context. Please tell us about the applicant's integrity, relative maturity, independence, initiative, leadership potential, special talents and enthusiasm.

RATINGS

Scale: 1 = Below Average, 2 = Average, 3 = Above Average, 4 = Well Above Average, 5 = Excellent, N/A = Cannot Speak of Capability

1. Creative, original thought	1	2	3	4	5	N/A
2. Motivation	1	2	3	4	5	N/A
3. Self -confidence	1	2	3	4	5	N/A
4. Independence, initiative	1	2	3	4	5	N/A
5. Academic achievement	1	2	3	4	5	N/A
6. Written expression	1	2	3	4	5	N/A
7. Disciplined work habits	1	2	3	4	5	N/A
8. Potential for growth	1	2	3	4	5	N/A

Signature: _____

Date: _____



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REFERENCE FORM #2

APPLICANT CONTACT INFORMATION

Fill in the below contact information and give this form to someone who knows you well and has knowledge of your academic capabilities.

Last Name: _____ First Name: _____ Student ID #: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____ Cell Phone: _____

REFERENCE

Palo Verde College finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal accomplishments.

Name: _____ Telephone #: _____

Name of Organization: _____ Position: _____

BACKGROUND

How long have you know the applicant and in what context. Please tell us about the applicant's integrity, relative maturity, independence, initiative, leadership potential, special talents and enthusiasm.

RATINGS

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3. Self -confidence	1	2	3	4	5	N/A
4. Independence, initiative	1	2	3	4	5	N/A
5. Academic achievement	1	2	3	4	5	N/A
6. Written expression	1	2	3	4	5	N/A
7. Disciplined work habits	1	2	3	4	5	N/A
8. Potential for growth	1	2	3	4	5	N/A

Signature: _____

Date: _____