



# THE MOLLY ADAMS SCHOLARSHIP

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

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

**AWARDS: 5 @ \$1000**

**APPLICATION DEADLINE: October 7, 2016 @ 4:00p.m.**

## **SCHOLARSHIP PROVISIONS:**

- ❖ Applicants must be PERMANENT RESIDENTS of Riverside or San Bernardino Counties.
- ❖ Applicants must be enrolled in at least 6 units for FALL 2016 semester at Palo Verde College (proof of enrollment will be verified before funds are disbursed).
- ❖ Applicants must have a mental, physical, or learning disability/impairment
- ❖ Previous recipients of the Molly Adams Scholarship are given preference.
- ❖ Two Reference forms completed and signed by non-relatives (**do not submit more than two**)
- ❖ One copy of college unofficial transcripts or for recent high school students an official high school transcript is to be submitted with this completed application.
- ❖ *Funds will be paid directly to the student*

## **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: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

## **D. FINANCIAL INFORMATION:**

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_ SOURCE OF INCOME: \_\_\_\_\_  
(Include Income from all household members)

FAMILY SIZE: \_\_\_\_\_



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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 October 7, 2016 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: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ORGANIZAATION: \_\_\_\_\_ 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: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ORGANIZAATION: \_\_\_\_\_ 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.

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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: \_\_\_\_\_