THE COMMUNITY FOUNDATION SCHOLARSHIP

One College Drive
 Blythe, CA 92225
 760-921-5000
Where Knowledge takes Root and Opportunity Grows

AWARDS: 3 @ \$619

A .

FAMILY SIZE: __

Verde College

APPLICATION DEADLINE: September 25, 2015 @ 4:00p.m.

SCHOLARSHIP PROVISIONS:

- ❖ Applicants must be PERMANENT RESIDENTS of Riverside or San Bernardino Counties.
- ❖ Applicants must have a Cumulative GPA of 3.0 (or 2.75 if enrolled in a certificate course in Technical Training)
- ❖ Applicants must be enrolled in at least 6 units for FALL 2015 semester at Palo Verde College (proof of enrollment will be verified before funds are disbursed).
- Previous recipients of the Community Foundation Scholarship are given preference.
- ❖ Two Reference forms completed and signed by non-relatives (*do not include more than two*).
- ❖ One copy of college unofficial transcripts is to be submitted with this completed application.
- Funds will be paid directly to the student

PERSONAL INFORMATION

First	MI		
STUDENT ID NUMBER : _			
TION			
or GED			
GPA MAJOR:			
AA/AS, BA/BS or MA DEGREE			
PHONE:			
PHONE:			
ON:			
PHONE:			
	City STUDENT ID NUMBER: _ PION Or GED GPA MAJOR: AA/AS, BA/BS or MA DEGREE PHONE: PHONE: PHONE:		

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<u>E.</u>	EXTRA CURRICULAR ACTIVITIES:
<u>F.</u>	HOW WOULD YOU DESCRIBE YOURSELF:
<u>G.</u>	DESCRIBE YOUR EDUCATIONAL AND CAREER GOALS:
	
<u>H.</u>	PREVIOUS COMMUNITY FOUNDATION SCHOLARSHIP RECIPIENT:
YE	ES, I have previously been awarded a Community Foundation Scholarship , YEAR/TERM:
NC	D, I have not previously been awarded a Community Foundation Scholarship.
The Co	ommunity Foundation Scholarship is not the PVC Foundation Scholarship.
<u>I.</u>	SIGNATURE:
	by that the information given is true and accurate to the best of my knowledge, and I authorize its release nolarship committee members who need to consider my application.

Signature of Applicant

Date

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REFERENCE FORM #1

APPLICANT CONTACT INFORMATION

erde College

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	First Name: Middle Initial:					
Mailing Addre	ss:				Ci	ty:		
State:	ZIP:	Home Phone:Cell Phone:						
REFEREN(CE C							
Palo Verde Co	— llege finds candid ev	raluations helpful in cho u think is important abo	-		_			
Last Name:		First Name	e:				M	iddle Initial:
Employer:			P	ositio	n:			
Home Phone:		Cell Phone:						
maturity, indep RATINGS Scale: 1 = Belo	ow Average, 2 = Ave	cant and in what contex leadership potential, spe erage, 3 = Above Avera	ecial ta	llents	and enth	nusiasm.		
Speak of Capa	bility							
	e, original thought			2	3		5	N/A
2. Motivat				2	3	4	5	N/A
3. Self -co		1						N/A
_	idence, initiative			2	3		5	N/A
	nic achievement	1		2	3	4	5	N/A
	expression	1		2 2	3	4	5	N/A
•	ned work habits I for growth	1		2	3	4	5 5	N/A N/A
Signature:						Date:		

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REFERENCE FORM #2

APPLICANT CONTACT INFORMATION

erde College

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:				N	Middle Initial:					
Mailing Address:	City:										
State:ZIP:	te: ZIP: Home Phone:					Cell Phone:					
<u>REFERENCE</u>											
	andid evaluations helpful in choosing tever you think is important about t	_	_								
Last Name:	First Name:				N	Middle Initial:					
Employer:		Position:									
Home Phone:	Cell Phone:				-						
RATINGS Scale: 1 = Below Average,	2 = Average, 3 = Above Average,	4 = W e	ll Above	Averag	e, 5 = E	scellent, N/A = Canno					
Speak of Capability											
1. Creative, original th	ought 1				5	N/A					
2. Motivation	1	2	3	4	5	N/A					
3. Self -confidence	1	2	3	4	5	N/A					
4. Independence, initia		2	3	4	5	N/A					
5. Academic achievem		2	3	4	5	N/A					
6. Written expression7. Disciplined work hal	bits 1	2 2	3	4 4	5 5	N/A N/A					
8. Potential for growth	1	2	3	4	5	N/A N/A					
Signature:				Date	e:						