

League Use Only

Code: _____

Junior League of Worcester



Scholarship Application 2015

PART 1: APPLICANT INFORMATION AND COVER SHEET:

Please print

Name: _____

Address: _____

Phone with area code: _____

Email address: _____

High School Name: _____

High School Phone with area code: _____

Graduation Date: _____

Guidance Counselor's Name: _____

Guidance Counselor's Phone with area code: _____

Volunteer Supervisor's Name: _____

Volunteer Supervisor's Phone with area code: _____

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PART 2: SCHOLARSHIP QUESTIONNAIRE
 Please type or print

Please list your top 4 college choices. Place an asterisk (*) next to any schools where you have been accepted.

1		3	
2		4	

Significant Community Service

A preferred candidate would have shown outstanding leadership in improving her community through innovative actions with measurable outcomes.

Organization Name	Supervisor's Name	Dates of Service	Weeks Per Year	Hours Per Week

Major Extracurricular Activities

Activity Name	Position Held	Weeks Per Year	Hours Per Week	Honors Received

Does your high school require volunteer service as a requirement for graduation?
 No _____ Yes _____ if yes, how many hours? _____

Work Experience

Employer Name	Nature of Work	Employment Dates	Weeks Per Year	Hours Per Week

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Awards and Honors

List any scholastic or other distinctions, in the space provided.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PART 3: ESSAY QUESTION

Please describe and discuss your volunteer experience, specifically your Significant Community Service experience. How has this experience impacted you and your community? Has this significant community service experience contributed to the formation of your career plans? Include any measurable outcomes. Please limit your essay to no more than 250 words. Please use the continuation page, if necessary.

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PART 3: ESSAY QUESTION, CONTINUATION PAGE

Confidentiality Clause:

Please note that the Junior League of Worcester will retain only application materials of scholarship winners for one year. All other materials will be destroyed.

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Part 4A: GUIDANCE COUNSELOR LETTER

Please provide the following statistical data for the applicant named above.

Class Rank: _____ in a class of _____.

Cumulative GPA: _____ on a _____ scale. This GPA is *weighted* *unweighted*.

In comparison to other college bound students at your school, this applicant's program of study was:

most challenging *challenging* *average* *less than challenging*

Composite SAT or ACT scores: _____

RATINGS:

In comparison to other *college bound* students at your school, please describe this student in terms of:

	Below Average	Average	Good	Very Good	Exceptional	N/A
Community Service						
Academic Achievement						
Extracurricular Accomplishment (including paid work)						

EVALUATION:

In the space below and, if needed, the continuation page, please describe the applicant's service contribution to their school and community. Although this scholarship rewards excellence in Community Service, we welcome your comments and observations on their academic achievement and overall extracurricular participation. If possible, please add a paragraph that speaks to the student's Significant Community Service experience.

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Applicant's Name: _____
**PART 4A: GUIDANCE COUNSELOR LETTER,
CONTINUATION PAGE**

School: _____

Counselor's Name: _____

Phone Number: _____

Date: _____

Please do not send transcripts.

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PART 4B: VOLUNTEER SUPERVISOR'S LETTER

RATINGS:

In comparison to other *school age* volunteers at your organization, please describe this student in terms of:

	Below Average	Average	Good	Very Good	Exceptional	N/A
Community Service						
Academic Achievement						
Extracurricular Accomplishment (including paid work)						

EVALUATION:

In the space below and, if needed, the continuation page, please describe the applicant's service contribution to your organization. This scholarship rewards excellence in Community Service. We welcome your comments and observations on her personal qualities as well as the quantity and quality of her work. Please discuss how this individual's Community Service has impacted the organization and it's outcomes.

League Use Only Code: _____

Applicant's Name: _____

**PART 4B: VOLUNTEER SUPERVISOR'S LETTER,
CONTINUATION PAGE**

Organization: _____

Supervisor's Name: _____

Phone Number: _____

Date: _____

Confidentiality Clause:

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