

Skagit County Sheriff's Office
Benevolent Association
Local Scholarship
Common Application



Class of '24

Application must be postmarked by March 1,
2024. Mail completed application to:
SCSOBA Attn: Scholarship Committee 600
S. 3rd St
Mount Vernon, WA 98273

First Name

Middle Name

Last Name

RELEASE OF INFORMATION:

I give my permission for the information contained in my scholarship notebook to be reviewed by scholarship screening committees. ☐ Yes ☐ No

Student Signature

Date

Parent/Guardian Signature

Date

NAME OF SCHOLARSHIP/S FOR WHICH YOU ARE APPLYING: _____

SCSOBA Local Scholarship Application

_____/_____/_____
Name (First, Last) Birthdate Running Start? ☐ Yes ☐ No

Mailing Address: _____
Email: _____ Phone: _____

POST HIGH SCHOOL PLANS: LIST IN ORDER OF PREFERENCE

College/School: _____ Have you been accepted? ☐ Yes ☐ Applied, waiting ☐ Not yet applied
College/School: _____ Have you been accepted? ☐ Yes ☐ Applied, waiting ☐ Not yet applied
Intended Major: _____ ☐ Not sure at this time

Are you interested in a technical program? ☐ Yes ☐ No If yes, which program _____

Are you interested in a career in the medical field? ☐ Yes ☐ No If yes, which program _____

Will you be attending school in the upcoming fall? ☐ Yes ☐ No

If you do not plan to attend school in the fall, please explain the reason:

PLEASE UPDATE COUNSELING CENTER WITH FINAL COLLEGE ACCEPTANCE

BACKGROUND INFORMATION:

What is your current School District and how many years have you attended? _____

FATHER/GUARDIAN:

Name: _____ Phone: _____
Place of Employment: _____ ☐ Full-time ☐ Part-time

MOTHER/GUARDIAN:

Name: _____ Phone: _____
Place of Employment: _____ ☐ Full-time ☐ Part-time

DEPENDENT STUDENTS:

List other members of your immediate family who will be attending any school during your freshman year of college.
State each of their ages and grade levels.

FIRST NAME ONLY	AGE	GRADE	FIRST NAME ONLY	AGE	GRADE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER DEPENDENTS:

List other members in your household, such as a grandparent or other family member, if they were claimed on parents' previous year's tax return: _____

Do you have a Veteran family member? ☐ Yes ☐ No

Relationship: _____ Service Branch: _____

Extracurricular Activities

In the left column, list your major activities since freshman year, including school related and non-school related. Mark an "X" in the appropriate grade level box for the year(s) during which you participated. In the right column, list any leadership positions you held as part of that activity or any contributions you made, and mark an "X" in the box for which grade level it occurred. You may attach additional sheets if necessary.

Student Activities	Grade				Leadership and/or Accomplishments	Grade			
	9	10	11	12		9	10	11	12
<i>Example: Key Club</i>	X	X	X		Key Club President				X
<i>Example: Soccer</i>	X	X	X	X	Team Captain				X

Community Service

List the ways in which you have served your community. Document all hours since freshman year, including items like Food Drive, tutoring, scouts, etc.

Service Activity	Description	TOTAL HOURS (approx.)
<i>Example: Interact Club Backpack Project</i>	<i>On Fridays I helped load backpacks with food at Westview Elementary and helped students pick them up to take home</i>	<i>24 hours/yes (1.5 hours/year)</i>

Academics, Honors & Awards

1. What is your cumulative GPA? _____

2. Please attach a copy of your current high school transcripts.

List all honors and awards you have received since freshman year and give a brief description; then select the appropriate grade level and category box.

HONORS/AWARDS	Grade				DESCRIPTION	Academics	Athletics	Leadership	Other
	9	10	11	12					
<i>Example: Science Award</i>				✓	Outstanding classroom achievement.				✓

AP/Honors/College Prep COURSES TAKEN	Grade				Have you taken or do you plan on taking the AP Exam?	Academics	Athletics	Leadership	Other
	9	10	11	12					
<i>Example: AP Calculus</i>				✓	AP Calculus Exam Spring 2016 (4)				✓

Work Experience

List your most significant work experiences during high school. Begin with the most recent job you have held.

NAME and CITY of EMPLOYER	POSITION HELD	FROM MO./YR.	TO MO./YR.

Anticipated Budget and Expenses

1. Have you completed the FAFSA or the WASFA? ☐ Yes ☐ No

2. Based on your Financial Aid application, what is your Expected Family Contribution (EFC) _____

3. Please estimate for one year's anticipated expenditures for college or schooling after high school.

Room and Board: \$ _____

Tuition: \$ _____

Fees: \$ _____

Books and Supplies: \$ _____

Transportation: \$ _____

Additional/Other Expenses: \$ _____

TOTAL EXPENSES \$ _____

Please explain any additional or other expenses: _____

List any financial aid, scholarships, or grants that you have received to date:

Financial Aid \$ _____

Grants: \$ _____

Scholarships: \$ _____

Teacher Evaluation Form

(To be completed **and signed** by teacher/instructor. This page can be replaced by a letter of recommendation.)

Student's Name: _____

Teacher's Name and School: _____

Subject(s) taught: _____

BACKGROUND INFORMATION:

How long have you known this student?

What are the first words that come to mind to describe this student?

List the courses you have taught to this student and level of difficulty (AP, Honors, College in the HS, etc.).

RATINGS:

Compared to other students in his or her class this year, how do you rate this student in terms of:

NO BASIS		BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	ONE OF THE TOP FEW
	Productive Class Participation				
	Maturity				
	Integrity				
	Concern for Others				
	Initiative, Independence				
	Intellectual Promise				
	Creative Original Thought				
	Disciplined Work Habits				
	Leadership				
	Reaction to Setbacks				
	Self Confidence				
	OVERALL				

Evaluation: Please write additional comments you think are important about this student, including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others.

Teacher Signature: _____ Date: _____

Community Member Recommendation Form

To be completed **and signed** by a community member. A community member is defined as an adult in a leadership capacity such as a volunteer coordinator, club advisor, coach, employer, youth leader or clergy. (This page can be replaced by a letter of recommendation, but letters of recommendation from family **will not** be accepted.)

Student's Name: _____

Evaluator's Name: _____

Signature: _____ Date: _____

BACKGROUND INFORMATION:

How long have you known this student and in what capacity?

What are the first words that come to your mind to describe this student?

We value your perspective of the student's personal qualities and contributions to the community. What would you like us to know about the student that we might not otherwise know?

Essays

Scholarships will learn about you and your ability to think critically and creatively in your essays. Organize and express your thoughts. Please submit a typed essay for the two following prompts:

1. Complete and attach a 1-page autobiographical essay about yourself, your family, hobbies and special interests, accomplishments and volunteer experience. Include your educational or career goals and aspirations and how you plan to finance your education (include a description of your financial need)
2. Complete a 250-word statement explaining why you feel you should be accepted for a scholarship.

Additional Scholarship-Specific Essays

Check those that you are applying to and attach information requested

I AM APPLYING FOR...

☐ *The Anne Jackson Memorial Scholarship and/or*

the Erick Valenzuela Memorial Scholarship,

Both require a written an essay in which you discuss a specific experience or achievement that has influenced your life, please attach as a separate document.