**SCHOLARSHIP APPLICATION 2018**

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| 1. | Last Name: | First Name: |
| 2. | Mailing AddressStreet: City: State: Zip:  |
| 3. | Cell Number: ( )Email Address: |
| 4. |  Describe Your Involvement in Soccer, if any: Contact Person for verification: Name Cell # Email |
| 5. | Volunteer History:Name of OrganizationContact Person for verification: Name Cell # Email |
| 6. | Name and location of High School currently attending as a senior:  |
| 7. | 1. List any honors, awards and membership activities while in high school:
2. List your hobbies, outside interests, extracurricular activities:
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| 8. | 1. If you have applied, or been accepted, to a College, University or Trade school? Please list the names:
2. If not, list your top 2 choices:
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| 9. | Is your parent or legal guardian a director of Shamrock Charities? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_If your answer is ‘yes’ please answer block 10.  |
| 10. | His/her full name: |
| 11. | Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.)Name(s) :Street: City: State: Zip:Cell phone of parents or legal guardians:  |
| 12. | On a separate sheet please write an essay (250 - 500 words) answering the questions below:* Describe how volunteer or community service has shaped who you are today and what community service has taught you.
* Why you are passionate about supporting children/children’s charities?
* How your previous volunteering experiences have made a difference in the lives of children.
* How you plan to continue to support children or services/charities that support children
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### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote Shamrock Charities scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Shamrock Charities Scholarship policy, I must be present at any potential awards ceremony to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Shamrock Charities Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution. Shamrock Charities can waive direct funding if conflicting circumstances arise.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Shamrock Charities.

Name of guidance counselor supporting the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send your application and essay to: **info@shamrockcharities.org**. The subject line of your submission must include “Shamrock Charities Scholarship”.

Shamrock Charities website: [**http://www.shamrockcharities.org/**](http://www.shamrockcharities.org/)