

MPWC SCHOLARSHIPS APPLICATION

Be sure to read:

- (1) Eligibility guidelines
- (2) Items required to be submitted for the application
- (3) The selection process

These are on the Scholarship page of our website:

www.mpwcparker.org

SUBMISSION DEADLINE: FEBRUARY 1, 2019

APPLICATION REQUIREMENTS

Applications must include:

- The completed and signed application form
- 2. An essay describing applicant's educational or vocational goals
- An <u>official</u> high school transcript including class size, or class standing, or a GED certificate. This
 may be sent by email from an official from the school not related to the student
- 4. Two letters of recommendation from counselors, employers or teachers. These may be sent by email from the individual or the same school official sending the transcript.

Transcript and letters of recommendation may not be sent by the student or a relative of the student.

All four items must be received before the application will be accepted for review.

Submission Deadline: All items must be postmarked or received by email NO LATER THAN FEB 1, 2019

SCHOLARSHIP TYPES

Applicant should indicate which type of scholarship s/he is seeking:

- The Hildegard McLaughlin Academic Scholarship: This is a scholarship for students who plan to attend either a two-year community college or a four-year college/university
- The MPWC Vocational Scholarship: This is a scholarship for students who plan to attend a
 vocational school, a trade school, or a technical school (NOT a college/university)

The letters and official transcript may be emailed to:
mpwcparker@outlook.com
- or may be mailed to:
MPWC

Attn: Education Committee PO Box 2628 Parker, CO 80134

APPLICATION

SELECT THE SCHOLARSHIP FOR WHICH YOU ARE APPLYING (see scholarship description above before selecting)

Hildegard McLaughlin Academic Scholarship (scholarship for two-year community college or four-year college/university)

MPWC Vocational Scholarship (trade school - not a college/university)

Name	First Name	Middle Name	Last Name	Suffix
Your Date of Birth	Month Day	Year		
Gender	male	fe	male	
Address	Street Address			_
	Street Address Line	2		_
	City	Stat	e / Province	_
	Postal / Zip Code	_		

Phone Number	Cell Phone Nun	nber	
Area Phone Number Code	Area Phone Code	Number	
Your Personal E-mail			
Your School E-mail (optional)			
Indicate which high school	l applicant is curr	ently attendin	g
Chaparral High School Legend High School Ponderosa High School Castle View High School Douglas County High School Daniel C Oakes High School			
School Mailing Address	Street Address		
	Street Address Line 2		
	City	s	tate / Province
	Postal / Zip Code	C	ountry
School Contact Person	First Name	Last Name	
His/her Phone Number	extension		
Area Phone Number Code			
His/her E-mail			
Cumulative (weighted) Gr	rade Point Averag	e Exp	pected Year of Graduation
		PERSON	NAL REFERENCES
What will be your major course of study in			

college?

	Reference 1 Name		Reference 2 Nan	ne	
	First Name	Last Name	First Name	Last Name	
Reference 1 Phone or E-mail	l 	Reference 2 Pho	one or E-mail	-	
Provide an essay des	cribing applic	cant's education	S AY al or vocational goals. <u>sheets.</u>	Make sure applicant's name is	
Please send essay as a	a PDF attach	ment to an ema	il - or may be typed ar	nd sent by US mail:	
1. Essay may be sent b mpwcparker@outlook.c					
2. Essay may be maile MPWC Attn: Scholarships PO Box 2628 Parker, CO 80134	d to:				
Date we may expect to receive your essay					
How essay will be sent			ook.com put "essay" in subject line hips - PO Box 2628 - Parker, CO 80	134	
\$	SCHOOL A		COMMUNITY SER	RVICE -	
For the next 3 que	stions				
Please be brief. If there questions <u>with</u> your ess		gh room on this f	form, please send a se	eparate page for each of these	
Be sure applicant's nar	ne is on ever	y sheet of paper	·.		
Please list and describe your school and extracurricular activities					

^{**}If more space is needed, please submit separately by email to: mpwcparker@outlook.com

How are you fulfilling your community service hours?	
	**If more space is needed, please submit separately by email to: mpwcparker@outlook.com
Please describe your work experience	
	**If more space is needed, please submit separately by email to: mpwcparker@outlook.com
What do you plan to study/major in (in college)	
	FINIANCIAL INFORMATION
Applicant lives with	Parent(s) or Guardian's Name
Both parents Mother Father Guardian	First Name Last Name
If not living with both parents, please state reason	
Total Household Income (Annual)	Less than \$30,000 \$30,000 to \$60,000
	\$60,000 to \$90,000

\$90,000 to \$150,000 Greater than \$150,000

Total anticipated			Expected Amount	
monetary resources each	From your family	-		
year:	From your personal savings			
	From earnings during the college year			
	From loans			
	From grants			
	From Work-Study Programs			
	From all other scholarships			
	other			
	TOTAL RESOURCES			
Are either the student or parents filing for	Yes	No		
financial aid?				
Student Signature				
Date	Month Day Year			
Parent/Guardian Signature (if student under the age of 18)				

Parent/Guardian Typed				
Name				-
Date				
	Month	Day	Year	