

# SMITH CHRISTIAN SERVICE FOUNDATION

8631 Larkport Drive, Huntington Beach, CA. 92646

## Scholarship Application

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Birthdate \_\_\_\_\_ Intended major \_\_\_\_\_

### ACADEMIC INFORMATION

College attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_ Grade Point Average (overall) \_\_\_\_\_

### PERSONAL STATEMENT

Describe yourself in an essay. Include your plans following completion of your education.

#### **Format and Evaluation Criteria for Personal Statement**

Statement should be computer generated or typed. Text should be doubled-spaced with margins at one inch on top, bottom, left and right. Preferred font size is 10 or 12 points. All paragraphs should be indented five spaces. There is no word limit. The personal statement should be stapled to the application form. Essays will be evaluated based on competence in creativity, personal expression, and clarity of thought.

#### **Application Check-Off**

- My transcripts are attached.
- My two letters of reference and one pastor/church reference forms have been completed and are enclosed.
- I have included my personal statement with this application form.
- I have completed my application for the scholarship postmarked by \_\_\_\_\_ for \_\_\_\_\_ semester.
- I have prepared two (2) copies of this document.

## **ACADEMIC AND SCHOOL ACTIVITIES**

Please list academic and/or school activities in which you have participated and give a brief description of the requirements involved for each. Also, indicate if you were a leader or participant. Please do not add additional pages. Select five or fewer activities that have been most significant to you.

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

## **CHURCH OR COMMUNITY ACTIVITIES**

Please list church and/or community activities in which you have participated and give a brief description of the requirements involved for each. Also, indicate if you were a leader or participant. Please do not add additional pages. Select five or fewer activities that have been most significant to you.

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

Activity \_\_\_\_\_

Leadership position     Participant    Time commitment per wk/mo. \_\_\_\_\_

How long involved? \_\_\_\_\_ Description \_\_\_\_\_

## ACADEMIC REFERENCE

Applicant's name \_\_\_\_\_

### ***Instructions for the Applicant***

Complete the information above and the Waiver Section below. Give this form to an appropriate person who is familiar with your educational abilities or potential for productive scholarship.

### ***Instruction for the Evaluator***

The person whose name appears above has applied for a scholarship from the Smith Christian Service Foundation. This scholarship recognizes Christian individuals who have consistently demonstrated high academic achievement. We would greatly appreciate your candid appraisal of the applicant.

As required by the Family Educational Rights and Privacy Act of 1974, a student may either elect to waive or not waive the privilege of viewing this recommendation form. If the student has not waived that right in the section below, you should consider this form to be non-confidential.

Please complete the reverse side of this form: item 4 should be addressed on your school or organization's letterhead.

Upon completion of your recommendation, of your recommendation, please place the form in an envelope, seal it, sign across the flap, and return it to the applicant. Please know that the applicant must return the application with references.

## WAIVER SECTION

To the applicant: You may either waive or not waive your rights to inspect your recommendation letter and/or form. Please indicate your preference below.

I understand that this recommendation concerning me is to be received and maintained in confidence by the Smith Christian Service Foundation and will be used to evaluate my eligibility for the awarding of a scholarship. I hereby expressly waive any and all rights I might have to this document under the Family Educational Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter and/or form, the right to have a copy made for my use; and the right to request an amendment of this letter and/or form.

Check one of the following statements:

- I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter and/or form of recommendation in my file at the Smith Christian Service Foundation.
- I do not waive this right. Rather, I wish to retain the right to view this letter and/or form in my file at the Smith Christian Service Foundation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_
2. How well do you know the applicant?     Very well     Well     Casually
3. In what capacity have you known the applicant? \_\_\_\_\_
4. On your school's organization's letterhead, please answer the following questions:

Do you believe the applicant has a personal relationship with Jesus Christ? Please explain your answer.

Please list ways in which the applicant has demonstrated leadership in your church. Include examples of strengths and unique skills.

Please assess, with a check mark, the applicant relative to other students/individuals whom you have known in similar capacity.

	Outstanding	Superior	Good	Fair	Poor	Unable to Judge *
<b>Motivation/initiative</b>						
<b>Emotional maturity</b>						
<b>Judgment</b>						
<b>Creativity/resourcefulness</b>						
<b>Ability to work with others</b>						
<b>Leadership</b>						
<b>Personal integrity</b>						
<b>Spiritual maturity</b>						
<b>Perseverance</b>						

\* If unable to judge, please clarify: \_\_\_\_\_

What is your overall recommendation?

- Strongly recommend
- Recommend
- Recommend with some reservation (please explain): \_\_\_\_\_

- Do not recommend (please explain): \_\_\_\_\_

Evaluator's name (please print) \_\_\_\_\_

Position/Title \_\_\_\_\_

Institution/organization \_\_\_\_\_

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Upon completion of this evaluation, please place form in a sealed envelope, sign the flap, and return it to the applicant for mailing. Thank you.