NALS OF SOUTHERN OREGON COAST
APPLICATION FOR 2018 SCHOLARSHIP
Award Amount $1,000

Contact: Caroline Barr, PLS, Scholarship Committee Chairperson
541-396-7580 (wk) - 541-217-4796 (cell) cbarr@co.coos.or.us

Name: __________________________________________
Address: _______________________________________
Phone: ___________________________ Date of Birth: _______________________

ELIGIBILITY REQUIREMENTS – EACH APPLICANT MUST:

A. Be preparing for a professional career, with preference given to an applicant who chooses to work in the legal field.
B. Be a high school senior or planning enrollment in a school of advanced education (including the current school term).
C. Be in need of financial assistance.
D. Have a least a “B” or 3.0 GPA (or not below an average of 80 percent if the percentile system is used).

APPLICANT – PLEASE NOTE: Your completed application must be received via email or mail by no later than midnight on June 6, 2018. All funds awarded are available for a period of one year from the date of notification. The careful and detailed completion of this form is very important. Your answers will be kept in the strictest of confidence. For questions, call Caroline Barr, PLS, at (work) 541-396-7580, or (cell) 541-217-4796, or for best results, send an email to cbarr@co.coos.or.us

MAIL APPLICATION TO:
NALS of Southern Oregon Coast Scholarship
C/o Caroline Barr
PO Box 745
Coquille, OR 97423

OR EMAIL APPLICATION TO:
cbarr@co.coos.or.us

APPLICATIONS WILL BE JUDGED ON MERIT, ABILITY, AND NEED, as follows:

NEED - 40% Applicant’s financial need, the family’s financial situation (where applicable), whether outside help is being received by the applicant from other sources (including other scholarships), and jobs held.

MERIT - 35%
25% Includes (1) evaluation of narrative (Section IV of application); and (2) school or community activities, leadership record, and initiative.
10% Application must be complete. Add 10 percent based upon the presentation of application, including neatness, accuracy, spelling, grammar, etc.
ABILITY - 25% Includes GPA (see “D” above), standing or rank in class (see “D” above), letters of recommendations, educational background (including transcripts), and any other information reflecting applicant’s ability.

RECIPIENT MUST:

A. Provide a schedule of college classes within 10 days after registration.

B. Provide the name of the college scholarship coordinator and address of college to forward the scholarship payment to within 10 days after registration.

1. ATTACH TO THIS APPLICATION FORM, THE FOLLOWING:

A. OFFICIAL TRANSCRIPT OF SCHOOL GRADES. Note: Transcript should show number of students and applicant’s rank in class (only applies per “D” on page 1).

B. LETTER OF RECOMMENDATION:

1. One typed, signed letter of recommendation from an employer or person other than a member of the applicant’s family, giving relationship of person signing (employer, teacher, friend, etc.) and stating applicant’s character, personality, initiative, and work skills.

2. If applicant is presently a student: One typed, signed letter from the student’s major teacher or school counselor stating applicant’s activity and leadership record in school; a description of the applicant’s character, personality and initiative; and the applicant’s need and home background.

2. EDUCATION/EMPLOYMENT:

A. College applicant is planning to attend

   Proposed major field of study

B. Cumulative grade average

   Number of students in class

   Rank of applicant in class

C. High school or colleges attended

   City/State

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

D. If now or previously employed, list names of employers, length of employment, and briefly describe duties. (If space is insufficient, you may add an attachment).

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
3. **FAMILY/FINANCIAL INFORMATION:**

A. Please state number of dependents (if any) and their ages.

B. If applicant is married, please state spouse’s occupation and income.

C. Please state planned living arrangements (i.e., with roommate, spouse, or alone).

D. Will any individual be contributing financial assistance to applicant (i.e., tuition, books, etc.)? If so, please state source and type of assistance.

E. State applicant’s financial need, including your monthly income and expenses. (If more space is needed, use separate piece of paper).

F. Please briefly outline your proposed education expenses for the 2014/2015 school year, including items such as travel expenses to and from school (bus, gas, etc.), housing, books, tuition, etc.

G. If applicant will be receiving scholarships, loans, and/or grants, state sources and amounts
4. **PERSONAL STATEMENTS**: (if space is insufficient, you may add an attachment.)

A. Explain your goals with respect to your proposed career.

B. Briefly describe significant accomplishments, activities, and experiences to date. Include any honor, recognition, award, community activities, or positions of responsibility or importance to you.

I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Print Name

Date