

Superintendent's Office

MEMO



Date: January 29, 2013
To: High School Principals and Counselors
From: Dr. Barry L. Kayrell
Subject: 2013 Governing Board Scholarships

I am pleased to announce that the Governing Board will again award scholarships to graduating seniors among the District high schools this year. Please be advised that this scholarship is **not** a cash award; it will be paid directly to a school of higher education (i.e.; a vocational school or a two-to-four year college/university) upon proof of registration of classes.

Criteria used for eligibility to receive a scholarship are:

- a) be a graduating senior
- b) be a resident of the Hemet school district for a full year
- c) have an overall G.P.A. of 2.0 at graduation (per Board policy 6146.1)
- d) have good citizenship to include **no** suspensions

A copy of the application form for this year's Governing Board Scholarships is attached. Please reproduce and advertise these scholarships to your graduating senior class.

*Counselors ~ Please coach your students in filling out their application so that it is not disqualified. For example: Only **one** evaluation sheet from school personnel, and **none** from relatives.*

The deadline for submission of a complete application to the counseling office at each school is **Friday, March 15, 2013.**

The deadline for receipt of each school's scholarship application(s) at the Superintendent's office is **Friday, March 22, 2013.**

The Board Committee on Rewards and Recognitions will meet on **April 9th** to review all the applications and determine the recipients. Representatives of the Governing Board will present the scholarship(s) to your school's recipient(s) at your Senior Awards/Scholarship ceremony.

Should you have any questions, please call our office at (951) 765-5100 ext. 1002.

c: Governing Board

**GOVERNING BOARD
SCHOLARSHIP PROGRAM
for 2012-13**

BOARD OF TRUSTEES

Marilyn Forst	President
Paul Bakkom	Vice President
Dr. Lisa DeForest	Trustee
Bill Sanborn	Trustee
Jim Smith	Trustee
Ross Valenzuela	Trustee
Joe Wojcik	Trustee

SUPERINTENDENT

Dr. Barry L. Kayrell

SCHOLARSHIP PROGRAM

Student Responsibilities

Seniors wishing to be considered for a Governing Board Scholarship must submit a completed application **to their counselor** who will verify that all (and only) the requested information is included. This application will include:

- 1) A form letter **signed by parent/ guardian** giving permission to show confidential information to the Governing Board Scholarship Committee. **** A parent/ guardian signature is also required on item #4 on the Student/ Family Information page.**
- 2) The student's high school accomplishments and activities.
- 3) Three completed Evaluation Sheets from people in the community, including employers, clergy and civic leaders. To avoid disqualification: **only ONE from school personnel, and NONE from relatives.**
- 4) A **ONE-PAGE** letter from the student entitled, "Why I wish to be considered for a scholarship toward my future education."

Counseling Office Responsibilities

1. Provide student transcripts.
2. Verify that all requested documentation is included, and **only** that documentation. *Last year, several applications had evaluations from school personnel that exceeded the number required. That was cause for disqualification.*
3. Send all applications to the Superintendent's office by the deadline date.



Dr. Barry L. Kayrell
Superintendent

**Professional Development
Service Center**

1791 W. Acacia Ave.
Hemet, CA 92545

(951) 765-5100
Fax: (951) 765-5115

Governing Board

Paul Bakkom
Dr. Lisa DeForest
Marilyn Forst
Bill Sanborn
Jim Smith
Ross Valenzuela
Joe Wojcik

Dear Parent/ Guardian:

It is necessary to compile personal information about seniors in order to fairly select those to whom scholarships will be awarded. This letter is a request for your permission to allow District personnel to compile the necessary information and use it for scholarship purposes. The information will be used only by members of the Governing Board involved in the selection of scholarship winners.

If you have any questions about the procedure being used, please feel free to contact the Superintendent's office at (951) 765-5100, extension 1002.

If you approve the use of this information for Scholarship purposes, please sign below.

Student: _____

Parent/ Guardian Signature: _____

Date: _____

Please Note ~

*The deadline for submission of a completed application to the counseling office at each school is **Friday, March 15, 2013.***

**SCHOLARSHIP PROGRAM
STUDENT PROFILE**

STUDENT / FAMILY INFORMATION
(Please type or print legibly in black ink.)

1. **STUDENT'S NAME:** _____
Address: _____ City: _____ Zip _____
Telephone: _____

2. **COLLEGE PLANS:**
Name of 1st Choice College: _____ Applied? Yes [] No []
Major/Field of Interest: _____ Accepted? Yes [] No []
Name of 2nd Choice College: _____ Applied? Yes [] No []
Major/Field of Interest: _____ Accepted? Yes [] No []

3. **PARENT/ GUARDIAN INFORMATION:**
Father's (or Guardian's) Name: _____
Occupation: _____
Employer: _____
Mother's (or Guardian's) Name: _____
Occupation: _____
Employer: _____

4. **FAMILY'S YEARLY GROSS INCOME:** _____
If you choose not to provide this information, the Scholarship Committee will not consider the student for a need-based scholarship. [] I / We choose not to disclose family income. Student will still be eligible for a merit-based award however.

**** Parent/ Guardian Signature** _____ **(required for all applications)**

5. **NUMBER OF PEOPLE DEPENDENT ON THE ABOVE INCOME** _____

6.

FAMILY MEMBERS IN COLLEGE	YEAR IN COLLEGE	SCHOOL ATTENDING

7. **DOES THIS STUDENT HAVE A SAVINGS ACCOUNT OR TRUST FUND SET ASIDE FOR HIS/HER EDUCATION?** [] YES [] NO If Yes, Amount \$ _____

8. **IF THE ABOVE STATEMENTS DO NOT ADEQUATELY COVER YOUR PARTICULAR SITUATION, PLEASE DESCRIBE UNUSUAL CIRCUMSTANCES.**

(Example: Illness in the family, separation or divorce, etc.)

9. **WHAT ARE YOUR LONG-TERM GOALS?**

Name: _____

ACCOMPLISHMENTS: GRADES 9 THROUGH 12

10. **SCHOOL ACTIVITIES / LEADERSHIP EXPERIENCE**

List your **top three School Activities** in which you have participated, and major accomplishments and/or leadership experience in each.

ACTIVITY / CLUB / ORGANIZATION / TEAM	9	10	11	12	YOUR ROLE: MEMBER/ OFFICER/ PARTICIPANT

11. **AWARDS / HONORS RECEIVED:**

AWARD SPONSOR	9	10	11	12	TYPE OF AWARD

12. **COMMUNITY ACTIVITIES / LEADERSHIP EXPERIENCE**

List your **top three Community Activities** in which you have participated, and major accomplishments and/or leadership experience in each.

COMMUNITY ACTIVITY	9	10	11	12	YOUR ROLE: MEMBER/ OFFICER/ PARTICIPANT

Name: _____

13. **WORK EXPERIENCE**

List any job experiences that you have had.

EMPLOYER	9	10	11	12	TYPE OF WORK

14. **FOREIGN EXCHANGE STUDENT EXPERIENCE OR STUDY/ TRAVEL PROGRAMS:**

15. **OTHER:** EXPLAIN ANY OTHER ACTIVITIES OR EXPERIENCE THAT YOU FEEL THE SCHOLARSHIP COMMITTEE SHOULD CONSIDER IN REVIEWING YOUR FILE (or explain in your one-page letter).

SCHOLARSHIP APPLICANT EVALUATION SHEET

TO BE COMPLETED BY EVALUATOR (ONE page only)
(Please type or print legibly in black ink.)

STUDENT'S NAME: _____
SCHOOL: _____

Limit all comments to the space provided. No attachments or letters of recommendation will be accepted.

1. For how long and in what capacity have you known this student?
2. To what extent will this student succeed in the pursuit of a college degree? Please consider the student's interests, study and work habits, and goals in giving your response.
3. Are there any unusual conditions or circumstances that you think may affect, favorably or unfavorably, this student's adjustment and/or performance in college?
4. Are there any personal circumstances that should be considered when evaluating this student's achievement record and test scores?
5. What strengths or weaknesses, talents or leadership potential has this student displayed that will relate to future success in their field of study?
6. Where would you expect to see this student in 20 years?

Evaluator's Name (Please print) _____

Evaluator's Signature _____ Title _____

Date _____ Telephone Number () _____

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