



2018 - 19 Janet Hedlund Scholarship Application

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____

City _____ State _____ Zip _____

Telephone (home) _____ Telephone (cell) _____

E-Mail Address _____

Date of Birth _____ Place of Birth _____
Month Day Year City State or Country

Gender Male Female

School Attending _____

Is your parent/stepparent/grandparent/guardian a member of the Salinas Valley Federation of Teachers? Yes (name) _____
 No

Is your parent/step-parent/grandparent/guardian a S.V.F.T. Teachers –Retired Chapter who was a member for at least five years (5) prior to retiring? Yes (name) _____
 No

CERTIFYING SIGNATURES

By signing this application, I agree – if asked – to provide information that will verify the accuracy of my completed form. If I purposely give false or misleading information, I will be disqualified from this program. I agree to allow the use of my name and information contained within the application for advertising, promotional, or publicity purposes without consent or compensation.

Student Signature _____ Date _____

Mother Signature _____ Date _____

Father Signature _____ Date _____

Application Deadline: Friday, February 1, 2019



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ACADEMICS

You must submit an official, current high school transcript, which must include your seventh semester grades. ACT or SAT test scores taken before January 1, 2019, may accompany transcript, although they are **not** required. If you choose to submit your ACT or SAT test scores, photocopies or print-outs from the SAT and/or ACT websites are acceptable.

WORK EXPERIENCE

List jobs you held between **September 1, 2015, and December 31, 2018**. Start with the most recent and include work on a family farm or for a family business, even if you were not paid. If necessary, attach a separate sheet structured identically to this section. List approximate hours worked, not average hours per week. Complete this section even if you plan to attach an activity sheet or resumé.

<u>Specific Nature of Work</u>	<u>Employer</u>	<u>Approximate Employment Dates</u>		<u>Total Hours</u>
		<u>From</u>	<u>To</u>	

GRAND TOTAL HOURS WORKED _____

COMMUNITY SERVICE

List community service you performed between **September 1, 2015, and December 31, 2018**, starting with the most recent. If necessary, attach a separate sheet structured identically to this section. List approximate hours worked, not average hours per week. Complete this section even if you plan to attach an activity sheet or resumé.

<u>Specific Nature of Service</u>	<u>Organization</u>	<u>Approximate Employment Dates</u>		<u>Total Hours</u>
		<u>From</u>	<u>To</u>	

GRAND TOTAL HOURS OF SERVICE _____



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HONORS AND AWARDS

List scholastic, extracurricular, and civic honors and awards received during grades 9 – 12. Select the year received, the nature of award (i.e., Girl Scout Gold Award), and elect the level of recognition. Please do not abbreviate names of awards as we may not understand their meanings. Feel free to include a brief description of each award, the purpose of the award, and why you received it on a separate piece of paper. Complete this section even if you plan to attach an activity sheet or resumé.

<u>Grade Level</u>				<u>Honor/Award</u>	<u>Level of Recognition</u>		
9	10	11	12		School/ District	State/ Region	Nation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXTRACURRICULAR ACTIVITIES

List your principal extracurricular activities (both in and out of school) and leadership roles during grades 9 – 12 in the order of importance to you. State the name of the organization, years involved, time commitment (hours and weeks), and leadership role (if any). Complete this section even if you plan to attach an activity sheet or resumé.

<u>Grade Level</u>				<u>Organization</u>	<u>Hours/Week</u>	<u>Weeks/Year</u>	<u>Leadership Role (if any)</u>
9	10	11	12				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			



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ESSAY

*On a separate sheet of paper, prepare a word-processed or printed essay of **no more than** five hundred (500) words on the following topic. Make sure that your name is on the top of each page of your essay. If your essay is longer than one page, put the page number at the bottom of each page.*

ESSAY PROMPT
Using one of the extracurricular activities or leadership roles you prioritized as being important to you, describe what impact the experience had on you, what you contributed, what you learned about yourself, and how this has influenced your plans for the future.

ESSAY CERTIFICATION

I certify that the attached essay is entirely my own efforts. I understand that any form of plagiarism or outside assistance will result in my disqualification from this program.

Student Signature _____ **Date** _____

Legal Guardian A Signature _____ **Date** _____

Legal Guardian B (if applicable) Signature _____ **Date** _____



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PARENTAL FINANCIAL INFORMATION

Complete the financial information based on your 2017 IRS 1040. If parents are divorced or separated, answer the questions for the parent the applicant lived with the most in the past twelve months. If the applicant lived with both parents an equal number of days in the past twelve months, count the parent who provided the greatest amount of support, financial as well as material. Material support includes cars, clothing, medical, and dental payments, etc. If that parent has remarried, the step-parent's information must be included.

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Stepfather's Name _____ Occupation _____

Stepmother's Name _____ Occupation _____

With whom does the applicant make his or her permanent home? Mother Father Both _____

Number of people in family, not including parents, who will receive the majority of parental support between January 1, 2018, and December 31, 2018. Include dependent children and others, e.g., dependent grandparent who live in the household and receive more than half their support from the parents. _____

Name and ages of dependents _____

Based on your 2017 IRS 1040, indicate the custodial parent(s)' Adjusted Gross Income. Round the 2017 Adjusted Gross Income to the nearest \$100.00. _____

Do you qualify for free or reduced lunch at your school? Yes No Not Sure

If you have extenuating financial circumstances, please explain in three hundred (300) words or less on an attached sheet of paper. Make sure that the applicant's name and school of attendance is on this attachment.



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COUNSELOR REPORT

Applicant: Fill out your name and give this page to your counselor. This section can be completed by your counselor before you are finished with the application, but it must be in a sealed envelope and signed across the seal.

Name _____
Last First Middle Initial

Counselor: This form will be used to verify the applicant's academic status, so please be sure to provide accurate information. Please answer all the following questions, even if the information is included on the transcript. Please secure this report in a sealed envelope, signed across the seal, and give to the student to include in the application brochure. The Salinas Valley Federation of Teachers will not return this form to the applicant.

This applicants grade point average (A = 4) _____

The highest GPA in the graduating class _____

The applicant's ranks _____ in a class of _____.

Applicant's highest test scores: ACT _____ Date Taken _____

SAT Reading _____ Math _____ Date Taken _____

Honors or AP Classes currently being taken by applicant _____

Applicant's total Community Service hours (to date) _____

Has the applicant ever been suspended or expelled? Yes No

If yes, please explain _____

Name of Person Completing Form _____

Signature _____ Date _____