

Central Valley Central School District
Scholarship Request Form



Name of scholarship: _____ Date submitted: _____

Individual or organization providing the scholarship: _____

Address City, State, Zip Telephone

Description of scholarship:

Award Amount/Recipient: _____ Number of recipients: _____ Total amount awarded: _____

Awarded to student: One time Annually for _____ years

To be paid: Directly to student Directly to school/college

Funds: Held in Business Office account Submitted annually by organization/donor

Recipient chosen by: Scholarship Committee Organization/donor

Scholarship criteria: *(check all that apply)*

Current/future field of study: _____

Post high school plans:

Four-year college Two-year college Military Work force

Additional requirements *(check all that apply)*:

Academic achievement Notes: _____
(GPA, GPA in particular course, years participating, etc.)

Extra-curricular activities Notes: _____
(athletics, arts, clubs, etc.)

Character/Effort Notes: _____
(perseverance, improvement, honesty, etc.)

Community service Notes: _____
(projects, minimum hours, specific clubs/organizations, etc.)

Leadership Notes: _____
(club/organization officer, viewed as leader by peers, etc.)

Application requirements Notes: _____
(essay, application form, recommendations, etc.)