



Hours required for graduation: Semester \_\_\_\_\_ Quarter \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

### III. SCHOLARSHIP DATA

Have you applied for other scholarships? If so please list:

\_\_\_\_\_

Have you received other scholarships? If so please list:

\_\_\_\_\_

### IV. FINANCIAL DATA

Do you receive company/military reimbursement for your education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what portion of your tuition is covered? \_\_\_\_\_

Are you eligible for veteran's administration education benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for other financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type? \_\_\_\_\_

Do you have extenuating financial circumstances that you would like for the committee to consider? Yes \_\_\_ No \_\_\_

If Yes, please describe. \_\_\_\_\_

\_\_\_\_\_

### V. REQUIRED DOCUMENTATION TO BE ATTACHED TO APPLICATION

1. Statement which includes the following information:  
Special attributes and achievements; your personal contributions to your community; educational goals; and career objectives which you wish the Trustees to consider.
2. At least two (2) letters of recommendation from individuals who have personal knowledge of your performance at work or in an educational setting.

**DEADLINE FOR APPLICATIONS DECEMBER 1, 2015  
SEND APPLICATIONS TO:**

*Ms. Runa Gunnars  
122 Civic Center Drive, #106  
Vista, CA 92084*

#### ***AUTHORIZATION AND RELEASES BY APPLICANT***

As an applicant for scholarship funds, I, the undersigned, hereby authorize release of the information on this form to donors and scholarship committee members.

I further authorize this scholarship committee, or any of its agents, to obtain confirmation of my GPA and my scholarship records from the educational institutions listed by me on the application. All such institutions are authorized to release that information upon application by the committee or its agents.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
please print name