PAUL McCAMMAN MEMORIAL ATHLETIC SCHOLARSHIP

Text regarding award

Eligibility is based on need and participation in athletic activities at Los Molinos High School in addition to plans to participate in sports at the college level.

AWARD:

Award amount varies

PROCEDURE FOR APPLICATION: Use the COMMON APPLICATION

(Available on LMHS Scholarship Website) ** Please include all required materials Required Materials (to be included with all applications)

- 1. Page #1 Cover sheet that includes the name of the scholarship and your name
- 2. Page #2 Completed Application
- 3. Page #3 Student resume or profile
- 4. Page #4 Personal statement of educational & career goals (300-500 words)
- 5. Page #5 Attach an unofficial copy of your current 7 semester transcripts
- 6. Page #6 Attach your FAFSA Confirmation page or Page 1 of your Student Aid Report
- 7. Page #7 Attach a letter of recommendation from school personnel
- 8. Page #8 Attach a letter of recommendation from someone other than school personnel (see LMHS Scholarship Website for examples and procedures for requesting letters)
- ** **Note:** Students or parents may include a **sealed explanation** of any special problems or unusual circumstances which make it difficult to contribute towards this student's continuing education.

AWARD SELECTION:

Award recipient will be notified to attend the Los Molinos High School Scholarship & Award Program.

DUE DATE:

Submit the completed application to the Los Molinos Counseling Office on or before **April 15.** If April 15th falls on a day when the school is closed, the applications are due the first day the school is open after April 15th. Late applications cannot be accepted.

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I. SCHOLARSHIP APPLICATION

- 1. Scholarship application forms may be secured from the Counseling Office of the Los Molinos High School. Completed applications must be submitted to the Counseling Office on or before April 15 of the year of application in order for the applicant to be considered for the scholarship. Continuing recipients must submit an application with supporting data regarding school attendance, grades and units to the Los Molinos High School on or before April 15th of each year. Note: If April 15th falls on a day when the school is closed, the applications are due the first day the school is open after April 15th.
- 2. Prior graduates and/or recipients must submit an application with supporting data regarding school attendance to the Counseling Office of the Los Molinos High School on or before April 15th of the year of application.

II. SCHOLARSHIP COMMITTEE

The scholarship committee shall be composed of the following Los Molinos High School personnel:

- 1. The principal and/or Superintendent of the Los Molinos High School.
- 2. Two teachers from Los Molinos High School.
- 3. Two members of the Los Molinos Unified School District Board of Trustees.
- 4. The counselor of Los Molinos High School.
- **5.** Should a member of the scholarship committee be related to an applicant for the scholarship, that committee member shall be excused from deliberations for that year. Another member of the administration, faculty or member of the District Board of Trustees is to be selected to take that individual's place on the scholarship committee.
- **6.** Decisions rendered by the committee shall be final.
- **7.** The scholarship committee may adopt additional rules and regulations or modify existing rules and regulations providing that the basic intent of the fund, i.e. to assist worthy students in acquiring a certificate or degree in a trade or vocational field, not be modified.

LOS MOLINOS HIGH SCHOOL SCHOLARSHIP FINANCIAL STATUS FORM

Name:			Date:		
Mailing	Address:		Phone:		
City:			Zip:		
College	or Vocation	al School Planning to A	tend:		
Date C	ourse will Be	gin:	Date Course will End:		
Educati	ional Goal (g	ive name of course of s	tudy):		
At com		course I will receive a	Certificate, Diploma or a Degree (type of		
Have y award(s		n, or do you expect to	be the beneficiary of a scholarship or other		
YES	NO	If yes, give na	If yes, give name(s) and amount(s):		
		NAME:	AMOUNT:		
Have y	ou applied fo	or or are you receiving fi	nancial aid for the upcoming school year?		
YES	NO				
Will you	ı work while	attending school?			
YES	NO	If yes, give es	If yes, give estimated number of hours:		
Budget	for full acade	emic year of:	How many months?		
Tuition	and Fees (fu	ıll academic year not mo	onthly):		

Books and Su	ipplies:					
Room and Board:						
I plan to live:	In dorm	Off Campus	At Home			
Travel Expens	ses:					
Basic Living Expenses:						
TOTAL COST	- :					
I have read the scholarship rules and understand the commitments and obligations I must take upon myself.						
Signed Date						
(An applicant may submit letters of recommendation to supply information about his/her character, ability, and financial needs or unusual circumstances. Such letters are optional, but must be attached to this form)						

ADDITIONAL INFORMATION SHOULD BE ATTACHED TO THE BACK OF THIS SHEET.