

**MATTHEW SMITH
MEMORIAL SCHOLARSHIP**

Text regarding award

The applicant must have an agricultural related occupational goal and have at least a 2.0 GPA. The award may be given for any purpose that will further the Agriculture-Vocational training of the recipient including but not limited to: post-secondary education at a 4-year college, community college or trade school. Need, as well as dedication and interest in a vocation related to agriculture will be the prerequisites for prospective recipients.

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 #6 - Attach a letter of recommendation from school personnel
8. Page #7 - 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 Vocational School Planning to Attend: _____

Date Course will Begin: _____ Date Course will End: _____

Educational Goal (give name of course of study): _____

At completion of course I will receive a Certificate, Diploma or a Degree (type of degree):

Have you ever been, or do you expect to be the beneficiary of a scholarship or other award(s)?

YES NO If yes, give name(s) and amount(s):

NAME: AMOUNT:

Have you applied for or are you receiving financial aid for the upcoming school year?

YES NO

Will you work while attending school?

YES NO If yes, give estimated number of hours:

Budget for full academic year of: How many months?

Tuition and Fees (full academic year not monthly):

Books and Supplies:

Room and Board:

I plan to live: In dorm Off Campus At Home

Travel Expenses:

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.