**CHAPIN WE CARE SCHOLARSHIP APPLICATION 2020**

**Your Name**:

**Street address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**

**Phone:**

**Email:** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*if* applicant is living at parent/guardian home)**

*Answer all of the following questions on a separate sheet (or sheets) of paper.*

*Be sure to write your name and the date in the top right corner of each of those pages.*

1. To which post-secondary schools have you applied? To which schools have you been accepted? Which school do you plan to attend, and why did you choose that school?

2. What are your career goals?

3. What is the biggest obstacle or challenge you or your family has encountered? How did you overcome that problem?

4. As noted above, each successful applicant will receive a maximum scholarship of $1,000. If more money is necessary for you to attend your institution of choice, please describe the source(s) of that additional funding.

5. If you have participated as a volunteer for any club, sports team, or church, please list the organization’s name, approximate hours per week that you participated, approximate dates, and the name and phone number of a reference we can contact for each experience.

6. If you have worked as a paid employee, please list any jobs that you have held. Include the name of your employer, hours per week that you worked, approximate dates of employment, and the name and phone number of your immediate supervisor.

7. Other than school and the activities that you have listed above, describe any other personal responsibilities that you have had (*possible example: caring for a relative*).

8. Is there anything else that you would like the scholarship committee to know about you?

9. If available, list your highest scores on the following tests:

 SAT Math \_\_\_\_\_

 SAT English \_\_\_\_\_

 SAT Writing \_\_\_\_\_

 ACT composite \_\_\_\_\_\_\_

I certify that all information submitted by me to We Care Center is true and factual.

**Student Signature**

**Date**