Wings of Wise Scholarship

This is a one-time scholarship of $1,000.00 to be awarded to a high school graduating senior who attended Carrillo Elementary School for at least one year.

Please return this application to Wings of Wise Scholarship Program, via email at wingsofwisescholarship@gmail.com by **Friday, May 3rd, 2024.**

Name:

Address:

Parent/Guardian Name:

e-mail:

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The following must be answered on a separate sheet and attached to this form.

What is your GPA: SAT Score:

Year(s) attending Carrillo Elementary:

1. List extracurricular activities.
2. List honors and awards.
3. Jobs you have held.
4. Community service activities.
5. What college or school do you hope to attend? Have you been accepted?
6. What will your major be?
7. What are your long-term goals?
8. How will this scholarship help you reach your goals?
9. Please give us a brief description of your experience at Carrillo Elementary School.
10. Personal Essay - typewritten, not to exceed 500 words. Describe your personal characteristics that helped you to achieve a specific goal or accomplishment and relate how those characteristics will be influential in meeting your post secondary educational goals.

Sealed Letter of Recommendation – See attached form

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL LETTER OF RECOMMENDATION**

**Wings of Wise Scholarship Application**

**This form can be downloaded, saved and completed on your computer.**

**In the space available, please respond to the items you feel qualified to answer.**

| Applicant’s Name : | |  | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Describe your relationship and length of association with the applicant. | | | | | | |
|  | | | | | | |
| Describe this applicant’s leadership qualities. | | | | | | |
|  | | | | | | |
| Describe the contributions this applicant has made in her/his school or community. | | | | | | |
|  | | | | | | |
| Do you believe that this applicant has the aptitude and dedication to successfully complete his/her post-secondary educational goals? Please explain. | | | | | | |
|  | | | | | | |
| If you feel there are extenuating circumstances that should be considered, please provide any additional information that you think would aid the committee. | | | | | | |
|  | | | | | | |
| Name: |  | | Phone: |  | Email: |  |

**Please print or scan & return this recommendation directly to the applicant, in a sealed envelope, to be enclosed with application.**

**If scanning, please email directly to: Wings of Wise Scholarship Program wingsofwisescholarship@gmail.com**