

Carolyn Corbet Memorial Scholarship



Terms and Conditions

About the Scholarship Program:

The Carolyn Coles O'Neil Corbet Scholarship Fund was established to provide post-secondary educational funding to a student graduating from Wickenburg High School.

Eligibility:

- U.S. citizen or permanent resident and Arizona resident for tuition purposes at public colleges.
- High school senior graduating from Wickenburg High School with high academic potential as indicated by grade point average and standardized test scores.
- Financial need as determined by the Free Application for Federal Student Aid (www.fafsa.ed.gov/)
- Participation in school and community activities.
- Admitted to an accredited, post-secondary institution or vocational program, with intent to enroll as a full-time student.

Award:

A one time award of \$1000 for the first year of college or university study, in payments of \$500 before the start of the Fall and Spring semesters.

Application Process:

Submit the application materials as outlined on the application coversheet to:

Wickenburg Chamber of Commerce
%Julie Brooks
216 N Frontier St.
Wickenburg, AZ 85390

Application Deadline:

Deadline: April 1

Scholarship Award Announced: by May 20th

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Application Check List and Cover Sheet
(Incomplete packets will not be considered)

Name

Social Security Number

My application contains:

- This check list and cover sheet.
- Completed scholarship application forms, including essay.
- Two letters of recommendation with the Letter of Recommendation Form.
- Official high school transcript through the seventh semester.
- Copy of SAT or ACT score report.
- Copy of your Student Aid Report, resulting from having submitted the FAFSA.
- Copy of your Letter of admission to a college or university (optional)

Certification and Signatures

I certify that:

- The application packet is complete.
- The information on the application is true and accurate to the best of my knowledge.
- The essay I submit is my original work.
- Furthermore, I authorize my high school or university to release academic, financial and/or other necessary information as required by the donor and/or the Arizona Community Foundation.

Student Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

(For students under age 18)

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Instructions: The selection of scholarship recipients is influenced by the completeness of replies. Print your responses using black ink. Responses may also be printed separately using a font size no smaller than 10 point and pasted to the form.

A. Applicant Information

Full Name _____ Preferred Name or Nickname _____

Gender Female Male Date of Birth ____/____/____ Social Security Number ____-____-____

Home Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____ E-mail Address _____

Positions Held; Honors/Awards Won; Letters Earned; Special Recognition. Include month/year of participation

B. Family Information

Father's/Guardian's Full Name _____ Living? Yes No

Mother's/Guardian's Full Name _____ Living? Yes No

Number of siblings? _____ Please list the names, ages, school/college and grade level for each of your siblings.

Name	Age	School/College	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Academic Information

To which universities have you applied? _____

Have you received letters of admission to any universities? Which? _____

What is your intended career choice? _____

What is your intended major in college? _____

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D. Community Service Activity

Activity	Hrs. Invested per Week	Hrs. Invested per Year	Month/Year of Participation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Essay Question.

Your essay should demonstrate style, depth, and breadth of knowledge and individuality. Limit your responses to 500 words. Print your essay and include it with the application. Give considerable thought to your writing as it will weigh heavily in the readers' decisions.

Essay: Describe your life goals and the place of education in those goals. How will funding from this scholarship affect your goals?

Letter of Recommendation Form

(Applicant will submit two letters of recommendation)

PART A:

This part of the form is to be completed by the student.

Student Name	_____	_____	_____
	First	Middle	Last
Address	_____	_____	_____
	Number	Street	Apt. #
	_____	_____	_____
	City	State	Zip

Check your choice:

- I waive my right to view this letter of recommendation. *(Strongly recommended).*
- I do not waive my right to view this letter of recommendation.

Student Signature _____ Date _____

PART B:

This part of the form is to be completed by the individual providing the recommendation: a teacher, HS administrator or counselor, employer or volunteer service leader.

PERSONAL RECOMMENDATION FORM INSTRUCTIONS

When completed, place this recommendation in a sealed envelope, sign across the seal and return to the student.

Please

TYPE YOUR RECOMMENDATION or print using black ink. You may use the back of this sheet for your comments. If your recommendation is printed separately, please include this form with your recommendation.

- ❖ **STRENGTHS:** What are the student's academic strengths and weaknesses?
- ❖ **PERSEVERANCE:** Are there special circumstances or obstacles that the student has had to overcome?
- ❖ **LEADERSHIP:** In what ways does this student show strong evidence of leadership ability?
- ❖ **CHARACTER:** How does the student demonstrate character?
- ❖ **TALENT/SKILLS:** Does the student have any special talents or skills?

Your evaluation will become part of the student's confidential file intended for use by the selection committee.

Your name _____ Title _____

Work Phone _____ Length of Association with the student _____

In what capacity? _____

Signature _____ Date _____

