



**CARSON WOMEN'S CLUB
Scholarship Application**

Scholarship Applications due by February 8, 2019

Send completed applications to:

**USPO MAIL ONLY
POST MARKED NO LATER
THAN FEB. 8, 2019**

**Carolyn L. Williams
Scholarship Chairperson
Carson Women's Club
P.O. Box 4543
Carson, CA 90749**

(310) 604-3387 (For Information)



CARSON WOMEN'S CLUB

Criteria for Scholarship Recipient

Application must be typed and double spaced

- I. **Student must be a resident of the City of Carson. Student must be a graduating male or female High School Senior of any ethnic group.**
- II. **This scholarship is open to students attending all LAUSD High Schools. This scholarship is open to any school as long as the student is a resident of the City of Carson.**
- III. **Grade Point Average:**
 - a. **4.0 - "A", 3.0 - "B", 2.5 - "C"**
 - b. **Scholarship Recipient should have 2.5 - 4.0 GPA or "C+", "B+", or "A" average.***

***Whereas the majority of scholarships, in the past, have been awarded to "A" students exclusively, we would prefer to recognize a student with potential who might otherwise be overlooked, as a scholarship recipient.**
- IV. **Recipient may attend the university, college, or vocational school of their choice. Including, but not limited to: Dental Technician, Medical Assistant, Computer Science, Auto Mechanics, or Cosmetology.**
- V. **Each Applicant must submit:**
 - a. **CWC Scholarship Application with school transcript.**
 - b. **A brief description of applicant and their family.**
 - c. **Resume - which outlines the following: activities and organizations, academic achievement, work experience, and volunteer experience.**
 - d. **Letter of Recommendation.**

 - e. **A professional wallet size photo of yourself.**

- f. Essay - "In the Spirit of Unity." You are required to submit a one-page essay and photograph (no photocopies please) of you and a special friend (a peer) of another ethnic group. Please describe how this person has made an impact on your life. (Please attach a captioned photograph (glossy or matte of professional quality) of you and this friend.

NOTE: Incomplete applications will not be considered.

- VI. **Income:**
Verification of family income is required on all applications. However, it is not the sole basis for our decision.
- VII. **Computers:**
Use a typewriter or computer to complete this application. Handwritten applications **must be legible**. Be sure to place the correct heading on each page and include page numbers.
- VIII. **Signatures required:**
It is **mandatory** that the College Counselor or Career Advisor of the school you are attending sign and verify page 2 of the School Information sheet.
- IX. **Your total score will be based on the accurate completion of all categories.**
- X. **Follow up letters:**
All scholarship recipients are required to send the Carson Women's Club two follow up letters. The first letter should tell how the money was used and how it was of assistance to you. The second letter can be sent later in the year, and should include a brief overview of your educational progress and opinion of your college experience along with a copy of your current transcript.

Student's Name:

High School:



CARSON WOMEN'S CLUB

Scholarship Application

Please Type

Resume

(See criteria - using format as described)

Student's Name:

High School:



CARSON WOMEN'S CLUB

Scholarship Application

Please Type

Essay - In the Spirit of Unity

(See criteria sheet attached)

Student's Name:

High School:



CARSON WOMEN'S CLUB

Scholarship Application

Please Type

Student's Name: _____
FIRST Middle Last

Home Address: _____

Carson, CA _____ Home Phone: () _____

() Female () Male U.S. Citizen or Legal Resident () Yes () No

Social Security Number (Last 4 numbers) _____ Ethnicity: _____

Will you be the first in your family to attend college: () Yes () No

FAMILY INFORMATION

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Yearly Income: _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Yearly Income: _____

Total members in household: _____ Total household income: _____

Signature of Applicant



Student's Name:

High School:



CARSON WOMEN'S CLUB

Scholarship Application

Please Type

SCHOOL INFORMATION

***Must be signed by school Counselor or Advisor**

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade Point Average: _____ Major/Career Interest: _____

Name of College/University you plan to attend: _____

Name of High School: _____

School Address: _____

City: _____ Zip: _____ Phone: _____

***All of the above information has been verified by school official**

Name of Counselor/Advisor: _____

Verification: _____ Date: _____
Signature of school Counselor/Advisor



Student's Name:

High School:



CARSON WOMEN'S CLUB

Scholarship Application

Please Type

Brief Description of Yourself & Family