

SCHOLARSHIP

Eligibility Requirements & Instructions for Applying

• **Eligibility:** To be eligible, you must:

Be a high school senior whose parent or guardian is employed by:

Mt. Adams Fruit

Orchards located at: White Salmon, WA; Alderdale, WA; Hood River, OR and The Dalles, OR

Packing house located at: Bingen, WA and Dallesport, WA

Graduate from high school at the end of the present school year.

Be planning to attend a four-year college.

(If there are no qualified applicants planning to go directly to a four-year college, those applying to junior colleges will be considered if their course of study will require the completion of four years of college & if they have concrete plans to transfer to a four-year college.)

Instructions for Applying:

Complete the attached application and send it to:

Maru Quintana, Scholarship Coordinator

Mt. Adams Fruit 503 Oak Ridge Rd. White Salmon, WA 98672

Include:

- 1. A one-page Biographical Statement in which you discuss your school activities, community involvement, and principal goals & values. (Please do not send copies of the awards, clippings, etc.)
- 2. A one-page essay using a situation in your life to support "What is More Important to Me: Motivation or Ability?"
- 3. Most recent high school official transcript.
- 4. Three confidential evaluations

If you are planning to attend a community college, we will expect you to have specific plans to transfer. Have you been in touch with the four-year institution, both their admissions department & your projected major department? What are their requirements for transfer credits? Will you be able to complete your studies in two years, or will you need to transfer after one year of community college?

DEADLINE: April 1st 2020



SCHOLARSHIP APPLICATION

NAME			DATE
Address			
Father's Name			
Mother's Name			
Occupation			
High School Attended			Graduation Date
College you are planning	g to	attend	
Date of Entry		Planned Major	
Post-Secondary Goals			
have attached:			
	0	Official Transcript	
	0	Essay	
	0	Biographical Statement	
	0	Three confidential evaluations	
certify that the information	on c	ontained in this application is true and accurate to	o the best of my knowledge.
	Si	gnature of Applicant	Date



CONFIDENTIAL EVALUATION

Student Name:									
Evaluator Info (email/ phone	e number):							
Characteristics	Good	Very good	Excellent		Comments	.			
Time Management									
Good Study Habits									
Goals Setting									
Concentration	:					11			
Completion of Assignments					AMAL MANAGEMENT				
Organizational Skills									
Self-confidence									
Motivation									
Commitment									
.eadership									
How long have y	ou known thi	s student and ir	what context	?		-			
Additional Comm	Additional Comments:								
Evaluator Signati	ıre:			Date: _					