



# HIDDEN VALLEY HIGH SCHOOL

## APPLICANT INFORMATION

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Name: \_\_\_\_\_

(First Name M.I. Last Name)

Address: \_\_\_\_\_

(Street, City, State, Zip)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

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### Test Scores

SAT: reading/writing \_\_\_ math \_\_\_ ACT composite: \_\_\_

### Career Plans

What is your field of study: \_\_\_\_\_

### In order of preference, what college do you plan to attend?

1st School: \_\_\_\_\_ Status:  Applied  Pending  Accepted

2nd School: \_\_\_\_\_ Status:  Applied  Pending  Accepted

## PERSONAL & FINANCIAL INFORMATION

### Parental Status

WHO IS CONSIDERED A PARENT? "Parent" refers to a biological or adoptive parent. Grandparents, foster parents, legal guardians, older siblings, and uncles or aunts are not considered parents on this form unless they have legally adopted you.

If your legal parents are living and married to each other, answer the questions about both of them.

If your legal parents are not married and live together, answer the questions about both of them.

In case of divorce or separation, give information about the parent you lived with most in the last 12 months.

If you did not live with one parent more than the other, give information about the parent who provided you the most financial support during the last 12 months or during the most recent year you received support.

If your divorced or widowed parent has remarried, also provide information about your stepparent.

Single parent  Married parents  Parents separated  Parents divorced

Grandparents  Foster care, Guardian, Homeless

## PARENT INFORMATION

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### Parent 1

First & Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Parent 2

First & Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Household Gross Income: \_\_\_\_\_

FAFSA EFC (Expected Family Contribution): \_\_\_\_\_

## FAMILY INFORMATION

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How many dependent children are in the family including you: \_\_\_\_\_

What are their ages: \_\_\_\_\_

*Enter the ages of all the dependents in the family EXCEPT you. Separate the ages by commas.*

Number of family members attending college now or in the next three years excluding you: \_\_\_\_\_

Are you a potential first generation college graduate?  Yes  No

*Defined as: An applicant where neither parent has a Bachelor's degree from a 4-year college or university.*

## DISCLAIMER & PERMISSIONS

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Yes  No **I give permission for selection committees to contact my high school for additional academic / financial information needed.**

Yes  No **I authorize the release of my school transcript for the purpose of determining eligibility and selection of scholarship awards.**

Yes  No **I give permission to the Josephine County Educational Fund to publish my photo on the website and in other media to promote JCEF and its scholarship program.**

Yes  No **If selected to receive a scholarship, I give permission to the Josephine County Educational Fund and the scholarship donor to publicize the award through their choice of media.**

***The Josephine County Educational Fund will never share your information with marketing entities.***

## REQUIRED SIGNATURES

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*If you are 18 years or older, you do not need a parent/guardian signature.*

### To student applicant

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, If requested agree to provide proof of this information.

By signing this application, I authorize HIDDEN VALLEY HIGH SCHOOL to release my transcript to the entities that require it for the scholarship selection process.

I authorize the Josephine County Educational Fund to share my application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Applicant Signature: \_\_\_\_\_

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

### To Parents/Guardians

***Your student wishes to apply for local scholarships.***

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, If requested agree to provide proof of this information.

By signing this application, I authorize HIDDEN VALLEY HIGH SCHOOL to release my child's transcript to the entities that require it for the scholarship selection process.

I authorize the Josephine County Educational Fund to share my child's application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Parent Signature: \_\_\_\_\_

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