

# **Baker Sanitary Service Scholarship**

## **Application Guidelines:**

- Applications are due no later than **April 1st** of the graduating year and are to be returned to the Future Center
- No late or incomplete applications will be accepted
- One Recommendation Letter Required (letter can be from a teacher)

## **Applicants must:**

- Attend a trade school or program with a focus on Automotive Mechanics or Diesel Mechanics
- Be a resident of Baker County at the time of application

Scholarship funds will be paid directly to the college, not to the student. If a student needs an extension to accept funds after fall semester or circumstances dictate a change, they must speak directly to the BHS Guidance Office or Future Center.

Total scholarship awarded is up to \$5,347.

## **It is the student's responsibility to submit a student ID number and college/trade school information.**

Make sure the following information is added to the application

- A copy of current transcript

\_\_\_\_ I understand that it is my responsibility to remit all the appropriate information for my scholarship to be paid directly to the educational institution of my choice before the beginning of the first school term/semester.

\_\_\_\_ I give permission for the review of this application, and school records by anyone representing the scholarship donors.

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Signature of Applicant                      Date

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Signature of Parent/Guardian              Date

# APPLICATION

## APPLICANT INFORMATION:

Name \_\_\_\_\_  
(First MI Last)

Home Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Graduating High School \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

College/Trade school you plan on attending \_\_\_\_\_

College Mailing Address \_\_\_\_\_

Proposed Major or Program \_\_\_\_\_

Degree/Certification Sought \_\_\_\_\_

Are you the first person in your family to attend college or a trade school? Yes \_\_\_\_ No \_\_\_\_

## FAMILY INFORMATION

Father/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Siblings: \_\_\_\_\_ Ages \_\_\_\_\_

## FINANCIAL NEED

Expected family or self-contribution as determined on FAFSA \$ \_\_\_\_\_

Expected amount of Tuition/Fees per Quarter/Semester \$ \_\_\_\_\_

Any other family members currently being financially aided for college? \_\_\_\_\_ How many? \_\_\_\_\_



