

Chloe Nichols Memorial Scholarship Application

Application Instructions

Please complete the attached application form to apply for the Chloe Nichols Memorial Scholarship and submit it by April 15, 2018. If additional space is needed please attach a separate sheet(s) of paper.

Purpose

The Chloe Nichols Memorial Scholarship exists to honor Chloe Nichols by awarding scholarships to college-bound high school seniors who demonstrate superior creativity.

Requirements

- Must be a graduating high school senior who intends to continue their education at a credentialed College or University.
- Official High School Transcripts - Submit Official High School(s) Transcripts(s) with application packet. Applications without Official High School Transcripts will not be considered.
- Creative Work – Applicant must submit a creative work for consideration. Creative submission can be any expression of creativity. Your creative work may be submitted in written, photographic, or digital formats. Applications without creative work will not be considered.
- Letters of Recommendation - You must arrange for TWO individuals who are not related to you but are familiar with your achievements, abilities, and character to provide a letter of recommendation. BOTH letters must be submitted with this application. Please ask your referee to sign the letter, and place it in a sealed envelope prior to returning it to you.
- Proof of Acceptance to College or University – If you already have it, please include your letter of acceptance to the College or University you plan to attend with the application.

Guidelines

Creative submission can be any expression of creativity. If selected as scholarship recipient, applicant must allow creative work to be featured on the *Chloe Nichols Foundation* website (www.chloenichols.org) and in any promotional material created by the foundation. Recipients must also feature their photo and short bio on the *Chloe Nichols Foundation* website.

Amount

A minimum of one \$1,000 scholarship awarded each year. Additional scholarships of different denominations may be awarded based on the total number of application submissions. Scholarship will be paid to the recipient upon proof of College or University enrollment.

Deadline: The application deadline is **April 15, 2018**. No applications will be accepted after the deadline. The Chloe Nichols Foundation will use the postmarked date to determine mailed entries.

Please submit applications by April 15, 2018 to:

Chloe Nichols Foundation
ATTN: Scholarship
3290 Avenida Anacapa
Carlsbad, CA 92009

Please email dharm@chloenichols.org with any questions.

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Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-Mail: _____

I am a US Citizen Yes No

Education information

Name of High School: _____

Address: _____

Year Graduated: _____ GPA: _____

SAT Total: _____ SAT Math: _____ SAT Verbal: _____

Extracurricular Activities

Activity: _____

Roles and Responsibilities: _____

Activity: _____

Roles and Responsibilities: _____

Activity: _____

Roles and Responsibilities: _____

Activity: _____

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Activity: _____

Roles and Responsibilities: _____

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College Information

Academic year 20____ 20 ____ in which scholarship will be used.

Name and Address of the institution you plan to attend: _____

College Major (if declared): _____

Have you been accepted? ____ Yes ____ No

Are you enrolled? ____ Yes ____ No

If awarded the Chloe Nichols Memorial Scholarship how will you use the scholarship funds? _____

Creative Work

Briefly describe the creative work that you are submitting for consideration: _____

Affidavit

I affirm that all information provided pertaining to this application is true to the best of my knowledge and belief. I hereby authorize Chloe Nichols Foundation to investigate in any manner which it, in its discretion, deems necessary to determine the accuracy of the statements made in this application and my eligibility. I understand that if I accept a Chloe Nichols Memorial Scholarship I must be a full-time student and by failing to complete the academic year at the educational institution of my choice except for reasons of illness, injury, or national disaster, I will be obligated to return any scholarship granted to me by the Chloe Nichols Foundation.

Signature of Applicant _____ Date: _____

Signature of Parent or Guardian: _____

(Required if Applicant is Under 18)