

# Chloe Nichols Memorial Scholarship Application

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## Application Instructions

Please complete the attached application form to apply for the Chloe Nichols Memorial Scholarship and submit it by May 1, 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](http://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 **May 1, 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 May 1, 2018 to:

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

Please email [dharm@chloenichols.org](mailto: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: \_\_\_\_\_

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Activity: \_\_\_\_\_

Roles and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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)