Student's Name: _____High School Name: _____

(If applying for Ghidotti, check appropriate box) **Ag Ghidotti:** ☐ **Academic Ghidotti Scholarship:** ☐

NEVADA JOINT UNION HIGH SCHOOL DISTRICT
SCHOLARSHIP APPLICANT INFORMATION

TO SCHOLARSHIP APPLICANT AND PARENTS: This voluntary, confidential scholarship application is to be used by **scholarship selection committees**. To get the best possible picture of the applicant's financial need and achievements, and to prevent disqualification of the applicant, each page **must be carefully completed**. **A $10.00 PROCESSING FEE IS DUE WHEN APPLICATION IS SUBMITTED (WAIVED IF ON FREE OR REDUCED LUNCH PROGRAM).**

INSTRUCTIONS:

- **PLEASE TYPE OR PRINT THE ENTIRE APPLICATION. *USE BLACK INK ONLY.***
- **THE APPLICATION DEADLINE FOR THE FOLLOWING SCHOOLS IS:**

BEAR RIVER	JAN. 18
GHIDOTTI EARLY COLLEGE H.S.	JAN. 16
NEVADA UNION **(A-L)**	JAN. 16
NEVADA UNION **(M-Z)**	JAN. 17
N. U. TECH	JAN. 17
NORTH POINT ACADEMY	JAN. 17
SILVER SPRINGS	JAN. 17

- **COMPLETED APPLICATION MUST INCLUDE:**
  - **PARENTS' LAST FILED FEDERAL TAX RETURN (1040 FORM, first two pages only)**
  - **THIS COMPLETED APPLICATION (submitted in hard copy)**
  - **$10.00 EXACT CASH OR CHECK MADE PAYABLETO: NJUHSD, FREE/REDUCED LUNCH=WAIVED**
  - **THREE LETTERS OF RECOMMENDATION (One from a school staff person, two from persons other than relatives or school personnel, one page in length on/with letterhead or contact information – i.e. address/phone number)**
  - **OFFICICAL TRANSCRIPT--YOU CAN REQUEST & PICK UP FROM YOUR SCHOOL REGISTRAR**

NAME:_____ _____ ____ **PHONE #:**_____ **CELL #:**_____
LAST **FIRST** **M.I.**

ADDRESS: _____**CITY:** _____
(Residence Address AND Mailing Address)

COUNTY: _____ **ZIP CODE:** _____ **EMAIL:**_____

1ST COLLEGE/TECH SCHOOL CHOICE: _____

2ND CHOICE: _____ **3RD CHOICE:** _____

MAJOR OR FIELD OF STUDY: _____

I have completed this application and, to the best of my knowledge, all information contained herein is true and accurate. If I am awarded a scholarship, I will submit a "WRITTEN" thank you to the scholarship sponsor in a timely manner. I will submit copies of ALL financial aid offers and scholarship awards to the Scholarship Coordinator by May 1st. (As a third party facilitating the scholarship process, the school and school district assume no responsibility for whether you receive a scholarship. Your signature releases the school, the school district and its employees from any and all liability arising from or related to the scholarship process).

_____
STUDENT SIGNATURE

I consent to be recognized for any grants or scholarships awarded me. YES _____ NO _____(please initial your preference)