

ELLEN ANDERSON deMOISE SCHOLARSHIP
For Lewis County High School Graduating Seniors
Applications must be in our office by 5:00 p.m. on Friday, April 30, 2010

Overview:

The Ellen Anderson deMoise Scholarship Fund was created by Luellen Charneski of L&E Bottling Company, to honor her Mother's memory. This fund is administered by The Community Foundation of South Puget Sound to provide college scholarships to graduating Lewis County high school seniors.

Eligibility & Scholarship Selection Criteria:

- Lewis County High School graduating senior
- Accepted for admission to a four-year accredited college or university
- Financial Need
- Scholastic Achievement
- Extracurricular Activities
- Community Service

Application Instructions:

When completing the application form, please keep the following points in mind:

1. Name: Use your proper name in the same order as listed on the form.
2. Address: All correspondence will go to the mailing address provided, unless you specify a temporary address (at school for example) with valid starting and end dates. Without dates, all mail will go to the mailing address shown on your application.
3. Telephone Numbers: Please provide an alternate telephone number.
4. Four-year institution: Applicants must have already been accepted for admission to a four-year college or university.

Personal Statement – Write a short statement indicating your reasons for wanting to attend a four-year institution, your course of study and your career goals. Include other information that will show the Committee you are a worthy grant recipient (e.g. outstanding attributes, talents, service to school or community, commitment to pursuing educational goals, motivation and family circumstances).

Transcript of Grades – Include a copy of your most recent transcript or ask the last school you attended to send a copy to The Community Foundation of South Puget Sound, Attn: Ellen Anderson deMoise Scholarship Fund, 111 Market St NE, Suite 375, Olympia, WA 98501.

Two Letters of Recommendation – Include two letters of recommendation. One letter must be from a teacher/advisor and one from someone who can comment on your overall character, achievement and promise. These letters must have been written within the last year and must contain your full name. Please **do not** send more than two letters of recommendation

A copy of your Student Aid Report (SAR) – A completed SAR is used to determine your financial need. This document is returned to you when you complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is available from many high school counselors or college financial aid offices. Please send a copy of Part 1 of the SAR, pages 1 and 2, and include this with your application. Please contact The Community Foundation of South Puget Sound at (360) 705-3340, or email akirske@thecommunityfoundation.com, if you have questions.

ELLEN ANDERSON deMOISE SCHOLARSHIP APPLICATION

ALL the following items must be ***received*** by 5:00 p.m., Friday, April 30, 2010. Collate and submit one original and one copy of the entire application. Do not use binders, report covers, folders or staples.

- ◆ This Application Form
- ◆ Personal Statement
- ◆ 2 Letters of Recommendation
- ◆ Grade Transcript
- ◆ Copy of Student Aid Report from the FAFSA

Date of Birth: _____/_____/_____		Sex: ____	
Name: _____		County of Residency: _____	
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	
Permanent Mail Address: _____		Email Address: _____ (print clearly please)	
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Telephone No.: (____) _____		Alternate Telephone No.: (____) _____	
Temporary Address: _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Temporary Address Effective: From: _____/_____/_____		To: _____/_____/_____	
Temporary Telephone No.: (____) _____			

High School: _____		Expected Graduation Date: _____	
Four-year Institution you are planning to attend: Choice 1: _____		_____	
		<small>Name</small>	<small>City</small>
Choice 2 (if any): _____		_____	
		<small>Name</small>	<small>City</small>
Major: _____		Degree: _____	
		Expected Graduation Date: _____	

Please mail to The Community Foundation of South Puget Sound, attn: Ellen Anderson deMoise Scholarship Fund, 111 Market St NE, Suite 375, Suite A, Olympia, WA 98501. If you have any questions please call (360) 705-3340.

I certify all of the information I have provided in this application is true to the best of my knowledge.

Signature Date

Parent/Guardian (if under 18 years): _____
Signature

Do not write below this line - For official use only

Date Received: _____ Amount Awarded: _____

Date Action Taken: _____
Comment/Notes: