

*Indicates form is included in this packet.

SMART MONEY SCHOLARSHIP SUPPORTING DOCUMENTATION

Please type or print clearly. Application and all supporting documentation must be submitted via email (scholarships@weststar.org), turned in to one of our branches by end of business day, or mailed/postmarked by Tuesday, April 30th, 2019 to be considered for the 2019 Scholarships.

APPLICATION & SUPPORTING DOCUMENTS CHECKLIST Scholarship Application (submitted online or attach downloaded print form) Copy of your high school transcript Student Essay* Recommendation letter from a teacher* (signed/sealed or emailed) Recommendation letter from a community member/employer* (signed/sealed or emailed) Recommendation letter from a high school counselor* (signed/sealed or emailed) 2018 Income Tax Return (needs based application only) ☐ Catastrophe Form* (needs based application only) **OPTIONAL ITEMS Employment Form*** Community Activities Form* School Activities Form* Academic Honors/Awards Form*



STUDENT ESSAY

Applicant's Name:
Write an original creative essay that will give the scholarship committee insight into your personality. Use one of the topics below, and be sure to include information about you that is not already included in your application and other supporting documents.
TODICS

- 1. Tell us how you think living in Las Vegas or Reno has shaped you into the adult you have become.
- 2. Tell us about who you consider to be your greatest role model, and why.
- 3. What do you consider to be the single most important societal problem today? What would you do to make a change?

	(If more space is needed, please attach a separate sheet.,
Applicant Signature:	



LETTER OF RECOMMENDATION - TEACHER

Applicant's Name: _____

(Please type if possible)
Please tell us why you believe this student is deserving of a scholarship from WestStar Credit Union. We particularly encourage your sharing of information that goes beyond that which is already provided in the application (grades, test scores, activities, etc.). Any illustration of the student's specific successes, characteristics, or goals not already detailed in the application will help the selection committee and is very much appreciated.
(If more space is needed, please attach a separate sheet.)
Signature: Print Name:
Academic Title:
Please seal in an envelope and sign across the seal before returning to student or credit union OR email recommendation to scholarships@weststar.org. Recommendation MUST be directly sent from recommending



LETTER OF RECOMMENDATION – COMMUNITY MEMBER OR EMPLOYER

Applicant's Name: _____

	(Please type if possible)	
We particularly encourary provided in the applicate specific successes, char	believe this student is deserving of a scholar age your sharing of information that goes be tion (grades, test scores, activities, etc.). Any acteristics, or goals not already detailed in d is very much appreciated.	eyond that which is already y illustration of the student's
	(If more space is needed, please attach a separ	ate sheet.)
Signature:	Print Name	<u>:</u>
recommendation to scholar	and sign across the seal before returning to student ships@weststar.org. Recommendation MUST be di	



LETTER OF RECOMMENDATION - HIGH SCHOOL COUNSELOR

(Please type if possible)

Applicant's Name:

We particularly encourage provided in the application specific successes, characteristics.	e your sharing of information on (grades, test scores, activi	ng of a scholarship from WestStar Credit Ur on that goes beyond that which is already ities, etc.). Any illustration of the student's dy detailed in the application will help the	nion.
	(If more space is needed, please	e attach a separate sheet.)	
Signature:		Print Name:	
Academic Title:			
	<u>nips@weststar.org</u> . Recommenda	rning to student or credit union OR email tion MUST be directly sent from recommending	



CATASTROPHE FORM (Needs Based Applicants Only - optional)

Applicant's Name:
(Please type if possible)
Please share with us details about the recent catastrophic situation you've personally encountered, and how it has impacted your financial ability to attend college. Please be as thorough as possible to give the selection committee an understanding of the severity of the impact.

(If more space is needed, please attach a separate sheet.)

Applicant Signature:



EMPLOYMENT FORM (optional)

Applicant's Name:

	(Please typ	e if possible	2)	
full or part time jobs you'	ve held while in	high schoo	l:	
Employer	Date of Hire	Hours per week	Supervisor's Name	End Date
_				



COMMUNITY ACTIVITIES FORM (optional)

Applicant's Name:		
	(Please type if possible)	
Please list any of yo	ur activities in any community groups, and a	ny office(s) held:
ACTIVITY	# YEARS PARTICIPATED	OFFICE(S) HELD



SCHOOL ACTIVITIES FORM (optional)

Applicant's Name:		
	(Please type if possible)	
Please list the high so	chool activities that you have participated in	n, and any office(s) held:
ACTIVITY	# YEARS PARTICIPATED	OFFICE(S) HELD



ACADEMIC AWARDS/HONORS FORM (optional)

Applicant's Name:	
	(Please type if possible)
Please list any honor	s or awards you have earned in high school: