

SCHOOL YEAR 2025-2026 Westgate Neighborhood Scholarship APPLICATION

GENERAL INFORMATION

Student's Name:					
Street Address:					
City:	State: Zip:				
Email:					
Cell Phone: Home	e Phone:				
Parent/Guardian Name:					
Email:	Phone:				
Name of school (currently enrolled, full time):					
Anticipated Date of Graduation:	GPA:				
Attach a current dated transcript signed by a school administrator or counselor. COLLEGE OR VOCATIONAL SCHOOL INFORMATION College or Vocational School you plan to attend:					
City:	State: Zip:				
Address of The Office of Financial Aid:					
Street Address:					
City:	State: Zip:				
Entrance Date:					
Intended Degree/Major/Area of Study:					

College or Vocational School you plan to attend:				
City:	State: Zip:			
Address of The Office of Financial Aid:				
Street Address:				
City:	State: Zip:			
Entrance Date:				
Intended Degree/Major/Area of Study:				

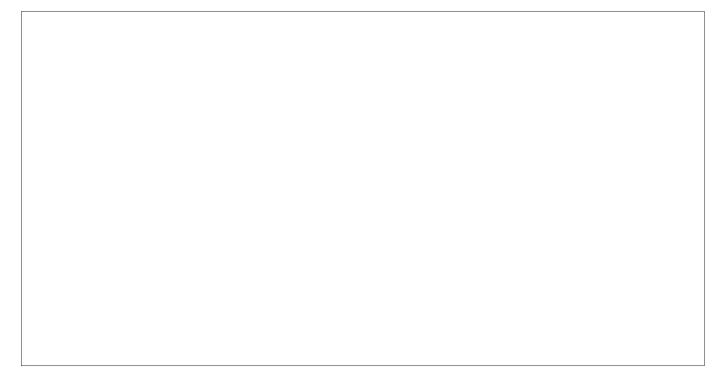
RESIDENCY VERIFICATION

Please indicate in the boxes below the two bills you are submitting as verification of your current address. A parent or guardian must be a current resident of Westgate.

Electric	Gas	Water	Cable	Insurance	
If, as a renter, you do not pay utilities, please submit a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.					

LIST Honors/Achievements/Activities/Community Service/Leadership

Include years of participation, name of organization/activity, your responsibilities/contributions.



REFERENCES / RECOMMENDATIONS

List three references we may contact, at least one of whom provides a Letter of Recommendation.

Name:	Nature of Relationship:	
Email:	Phone:	
Name:	Nature of Relationship:	
Email:	Phone:	
Name:	Nature of Relationship:	
Email:	Phone:	

APPLICATION ESSAYS

Attach responses to two of the following topics. Include the selected discussion prompt in the header of each.

TOPICS (select two)

Discuss how you have been directly affected by someone's demonstration of leadership or community service. What did you learn and how might you pay it forward?

Discuss an experience you have witnessed that broadened your understanding of leadership and community service. How might you use this awareness to impact quality of life issues within communities?

Discuss an idea you have for a community service project that could have a positive effect on the quality of life for residents in and around Westgate.

Discuss ways in which you have been a positive force for change, or improvement in your community.

SIGNATURE OF CERTIFICATION

By (checking this box), and typing my name below I certify that the information submitted in this application is true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application disqualified.

Name:

Date:

When complete, save a copy of this PDF and rename it to *include your name in the title*. Return it, along with the other requested attachments, by the deadline. HGT@WestgateNeighbors.org