



SCHOOL YEAR 2025-2026

Westgate Neighborhood Scholarship APPLICATION

GENERAL INFORMATION

Student's Name:

Street Address:

City: State: Zip:

Email:

Cell Phone: Home 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