WESTGATE
NEIGHBORS ASSOCIATION

SCHOOL YEAR 2026–2027

Westgate Neighborhood Scholarship APPLICATION

GENERAL INFORMATION

Student's Name:

Street Address:

City: State: Zip:

Email:

Cell 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.

Honors/Achievements/Activities/Community Service/Leadership

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

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:

RESIDENCY VERIFICATION (OPTIONAL)

If you, a parent or guardian, are a current resident of Westgate, please indicate in the boxes below the two bills you are submitting as verification of your Westgate address.

☐ 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.

REFERENCES

List at least two individuals that are not related to you whom we may contact to provide a personal reference for you.

Name: Relationship:

Email: Phone:

Name: Relationship:

Email: Phone:

ESSAY TOPICS/RESPONSE

Attach a 1-2 page response to one of the following topics. Include the selected prompt in the header of your essay.

TOPICS (select one)

- ☐ Discuss ways in which you have been a positive force for change and/or improvement in your community.
- ☐ Discuss an idea you have for a community service project that could have a positive affect on the quality of life for residents in and around Westgate.
- ☐ Discuss how you have been directly affected by someone's demonstration of leadership and/or community service. What did you learn and how might you pay it forward?
- ☐ Discuss an experience you have had that broadened your understanding of leadership and/or community service. How might you use this awareness to positively impact quality of life issues within this 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: _____

HOW TO SUBMIT

Please submit your completed application by the posted deadline, along with the other requested attachments, to: HGT@WestgateNeighbors.org