2020 VOCATIONAL SCHOLARSHIP APPLICATION

The El Dorado Hills Chamber of Commerce is proud to offer a scholarship to graduating seniors who plan to continue their education in either a VOCATIONAL, TECHNICAL OR TRADE SCHOOL.

To qualify you must:

- Be a resident of El Dorado Hills
- Graduate from Oak Ridge, Ponderosa, or Union Mine High School in 2020
- Be attending a vocational, technical, or trade school in 2020
- Submit the completed application packet to the El Dorado Hills Chamber office by Friday, March 6, 2020

Your application packet should include:

- The Chamber scholarship application
- The completed evaluation form
- An essay telling why you have chosen this vocation and where you see yourself in five to ten years (500 – 800 words)

Submit application to:

El Dorado Hills Chamber of Commerce
Attn: Sherri Pellegrini
2085 Vine Street, Suite 105
El Dorado Hills, CA, 95762
2020 Vocational Scholarship Application

Applicant’s Name_________________________________________________________
Address____________________________ City___________________ Zip Code______
Phone _________________Email ________________    School Attended ____________

Father’s Name:_________________________ Occupation: _______________________
Mother’s Name:_________________________ Occupation _______________________

Scholastic Standing: GPA ____________ Counselor Signature_____________________

Honors and Awards received________________________________________________

Activities in School _______________________________________________________

Activities in Community____________________________________________________

Schools to which you have applied____________________________________________

Organizations in which you hold membership___________________________________

________________________________________________________________________

Financing of your education by your parents:    □ None    □ In Part    □ Totally

List of other scholarships for which you have applied____________________________

________________________________________________________________________

Major field of interest_______________________________________________________

Employment experience_____________________________________________________

________________________________________________________________________
NAME__________________________________

Any further information you feel might be helpful:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please describe yourself:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Parent’s Financial Statement

(Confidential)

Length of time with present employer __________________________

Father __________________________ Mother __________________________

Approximate yearly gross income __________________________

Do you ☐ own or ☐ rent your current residence.

Medical expenses not covered by insurance __________________________

Extraordinary expenses (child support, alimony, medical, etc.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Total number of dependents in family living at home and their ages (include all family members)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
College savings for student __________________________

How much has the student saved _____________

How much do you feel you will be able to contribute towards your student costs _____________

Anticipated college costs (include tuition, fees, housing, books, etc) _______________________

Do you have any other children attending university, college, technical or vocational school?

Name __________________________ Age _______ School __________________________

Name __________________________ Age _______ School __________________________

Name __________________________ Age _______ School __________________________

Do you have other children you have already assisted through college? ☐ Yes. ☐ No.

Please use the space below to explain any special problems or unusual circumstances which makes it difficult for you to contribute towards this student’s continuing education:

________________________________________________________________________________

Father’s signature ____________________________ Mother’s signature ____________________________
El Dorado Hills Chamber of Commerce
Vocational Scholarship Evaluation

Student Name_____________________________________________________________
Vocational Field____________________________________________________________
Evaluator’s Name_________________________________Title/Position______________

How long has the evaluator known the student?__________
In what capacity? (example: teacher, employer, coach)____________________________
Comments:

(Rating Key: 1 is the lowest level and 10 is the highest level)

Please rate this student’s level of motivation to enter this career field on a 1 – 10 scale.
1          2          3          4          5          6          7          8          9          10

Please elaborate and/or give specific examples of his/her motivation to go into this field:

Please rate this student’s ability to follow through on a 1 – 10 scale.
1          2          3          4          5          6          7          8          9          10

Please elaborate and/or give specific examples of the student’s ability to follow through:

Evaluator’s Signature____________________________________________Date____________