



This application is for students pursuing training and education in a trade or vocation. This includes students whose ultimate goal is an Associate Degree or certification in a trade.

PERSONAL :

APPLICANT'S NAME:
Mailing Address:
City: State: Zip:
Telephone:
Email:

Parents' Names:
Parents' Mailing Address:
City: State: Zip:
Parents' Telephone:

Income and Source of Income of Applicant's Financially Responsible Party (ie: Parents, Guardian, Self, etc.) Please include the adjusted gross income figure listed on the last completed Form 1040 on which you are claimed

Income Source:
Adjusted Gross Income:

Note: Applicants selected for interviews will be asked to present a copy of the Form 1040 on which they are claimed.

EDUCATIONAL RECORDS AND GOALS

HS Diploma YES NO
High School Graduation Year:
School/Program accepted to or currently attending:
Area of study:
Anticipated annual expenses for program:
Tuition: Travel:
Lodging: Books:
Food: Other:

PRESENT AND ANTICIPATED SOURCE(S) OF EDUCATIONAL FINANCING

Bulleted list area for financing sources



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LIST YOUR WORK EXPERIENCE

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LIST SCHOOL ACTIVITIES AND AWARDS

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LIST COMMUNITY SERVICE PARTICIPATION

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL IMPORTANT IN THE CONSIDERATION OF YOUR APPLICATION (ie: Unusual financial hardship, family situation, special educational factors, etc.) Use additional pages if necessary

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Did you remember to...?

- 1. Include official transcript(s) of your last four years of studies? Explain any gaps in attendance.**
- 2. Include a recent wallet-sized photo of yourself (suitable for newspaper publication)?**
- 3. On a separate page, tell the scholarship committee about the school or program you most want to attend (your "first choice"); the proposed field of vocational study and why you chose it. Also, describe how you are planning to pay for your education. Attach this to the back of the application making sure to include your name on all pages.**

Your grant application must include the financial information and attachments listed above.

Student's Certification:

I have read and understand the above provisions of the Donald M. Slager Sunset Foundation Scholarship. I certify that all the information contained in this application and its attachments are true to the best of my knowledge and belief.

Signature: _____ **Date:** ____ / ____ / ____

MAIL APPLICATION TO:
Donald M. Slager Sunset Foundation
Post Office Box 51
Bishop, CA 93515

FOR INFORMATION CALL:
Eden Roberts, Administrator
(760) 873-7360

*** Applicants are responsible for making sure that the printed application, along with all attachments, is complete before mailing.**

THIS APPLICATION MUST BE COMPLETE AND POSTMARKED BY MARCH 9, 2018. LATE POSTMARKS AND APPLICATION PACKETS SUBMITTED WITHOUT ALL INFORMATION MAY NOT BE CONSIDERED. RECIPIENTS WILL BE NOTIFIED BY JUNE 15, 2018.