



CARSON VALLEY SERTOMA

Chartered on November 4, 1978

P.O. Box 1546 Minden, NV 89423
www.carsonvalleysertoma.org

MEMORIAL BOOK SCHOLARSHIP PROGRAM

“Never Spend a Cent on a Book While in College”

Scholarship Criteria

Each year, graduating high school students from Douglas County high schools may be selected to receive the Club’s four-year renewable scholarship for textbooks. This scholarship will be paid in renewable increments each semester.

Scholarship money is paid only for the cost of textbooks pertinent to that recipient’s curriculum and will be paid each semester while student is enrolled in a school of his/her choice. Proof of registration is required. Maintenance of at least a 3.0 GPA and continued pursuit in the chosen discipline is required.

Following purchase of his/her books, the student will submit the book store receipts and a copy of the appropriate registration form indicating the units taken and a copy of the last semester grades.

Upon receipt of the above, the Scholarship Program Chairman will request reimbursement from the Club Treasurer. The reimbursement check will be mailed to the student.

Criteria for Selection

- The student must be enrolled in a program for a Bachelor’s degree.
- In high school, the student must have maintained a 2.5 or better GPA, with a 3.0 GPA during the senior year.
- The student must have demonstrated a concern for the betterment of high school and the community in one or more ways.
- The student should present at least **THREE** letters of recommendation in support of his/her potential success in post-high school education.
- Interested and qualified students should complete the scholarship application form available at the counseling office and on the Carson Valley Sertoma website, meeting the established criteria and deadline for submission.
- Finalist must be willing to be interviewed for the **CARSON VALLEY SERTOMA MEMORIAL BOOK SCHOLARSHIP**.
- **If awarded the scholarship, the student must be willing to attend the Carson Valley Sertoma Scholarship Breakfast in May.**

**MAKE SURE ALL THREE SECTIONS (5 PAGES) OF APPLICATION
ARE SUBMITTED**



CARSON VALLEY SERTOMA
MEMORIAL BOOK SCHOLARSHIP PROGRAM
Scholarship Application

SECTION I

Attention Student: CARSON VALLEY SERTOMA MEMORIAL BOOK SCHOLARSHIPS are awarded to Douglas County high school students who will pursue a Bachelor’s degree. This scholarship will be paid in renewable increments each semester to cover the cost of the student’s textbooks for that semester, provided that the student maintains a 3.0 GPA or better.

Name _____ Phone _____

Address _____

City _____ Zip _____

High School _____

Parent/Guardian _____

School You Plan to Attend _____

High School GPA _____ ACT Score _____ SAT Score _____

School Activities _____



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Section I (continued)

List community activities



**CARSON VALLEY SERTOMA
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Scholarship Application

Section II

Briefly summarize your career goal and include how you plan to achieve that goal

*What is your plan to pay for your college costs?
What should we know about your financial plan?*

Note to Student: In addition to this application, please include

- *At least **THREE** letters of recommendation as evidence of your college achievement potential, past performance in school, and your community activity contributions. The letters may be from teachers, school administrators, employers, or civic leaders.*
- *A one-page autobiography.*
- *A copy of your transcripts*

This application must be returned no later than FEBRUARY 15th to one of the following:

Scholarship Program Coordinator
Carson Valley Sertoma
PO Box 1546
Minden, NV 89423

or

Your High School
Scholarship Coordinator/Counselor



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Section III

**CONFIDENTIAL FINANCIAL STATEMENT
TO BE COMPLETED BY PARENT OR GUARDIAN**

Name of Parent or Guardian _____

Number of children in family _____ Please list ages _____

Number of children in college _____

Father/Guardian occupation _____

Mother/Guardian occupation _____

Gross annual parent/guardian income. **(Include all sources of income.)**

Please check one of the following:

Under \$40,000

\$40,000–\$80,000

More than \$80,000

Please add any additional information about your family financial status which you feel might assist the committee in its decision. (Use additional sheets, if necessary.)

The signatures below certify that the aforementioned information is true and correct to the best of their knowledge. Any false information may disqualify the applicant from the scholarship process. We may ask for verification.

Applicant signature _____

Parent/Guardian signature _____



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Section III (continued)

PERMISSION TO RELEASE TRANSCRIPTS FOR SCHOLARSHIPS

I give permission for _____ High School to release the transcripts for my student, _____, for the purpose of evaluating this scholarship application. I understand the transcripts will be used for the scholarship committee to assess grade point average and difficulty of class work.

Parent/Guardian signature _____

Please attach a copy of your transcripts.