

# ORONDO COMMUNITY SCHOLARSHIPS

**To qualify for this Scholarship, the applicant must have attended Orondo School for at least 2 years (only Grades K through 8 qualify) and have a G.P.A of 2.0 or better.**

TO THE APPLICANT:

1. COMPLETE THE INFORMATION IN THIS APPLICATION.
2. SELECT TWO (2) PEOPLE TO COMPLETE THE APPLICANT APPRAISAL.  
You are encouraged to select a school or college counselor, or teacher if possible and other persons who are in a position to evaluate you. Please remind them to complete and **return** the appraisal by **March 2, 2026**.
3. ATTACH A TYPED PERSUASIVE ESSAY stating reasons why you should receive this scholarship. Include your education plans and career goals.
4. THIS APPLICATION BECOMES COMPLETE WHEN THE FOLLOWING HAVE BEEN SUBMITTED.  
 Application  
 2 Applicant Appraisals (1 required from current school)  
 Persuasive Essay  
 Transcript of high school  
-OR-  
 Transcript of most recent college or vo-tech grades.
5. APPLICATION MUST BE POSTMARKED BY **March 2, 2026**.  
Mail to: Orondo Community Scholarships  
P.O. Box 312  
Orondo, WA 98843-0312
6. RECIPIENTS MUST REAPPLY ON A YEARLY BASIS. THIS SCHOLARSHIP MAY BE AWARDED FOR A TOTAL OF FOUR ACADEMIC YEARS. The award amount is contingent upon acceptance to the intended post-secondary school.

IN SUBMITTING THIS APPLICATION, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of the scholarship granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Awards will be announced by mail.

If you have any questions about completing the application call or text:  
Rose Auvil (509)421-6832, or Scott Shriner (509)679-3957 or email at  
orondocommunityscholarships@gmail.com

# ORONDO COMMUNITY SCHOLARSHIPS

PLEASE PRINT OR TYPE

<b>APPLICANT DATA</b>			
Name (last) _____ (first) _____ (middle initial) _____			
(Mailing address) _____		(city) _____	(state) _____ (zip code) _____
Date of Birth _____	Telephone/Cell Number _____	email address _____	
Name of Parent/Guardian _____			
<b>Permanent mailing address of Parent/Guardian if different from Applicant:</b>			
(Mailing address) _____		(city) _____	(state) _____ (zip code) _____ (Telephone/Cell #) _____
<b>Orondo Residency</b> Currently living in Orondo (circle one) YES NO # of years in Orondo _____			
<b>Dates Attended Orondo School</b> # of Years Attended _____			
Grades Attended ( ) K ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 (Need not be consecutive)			
(Please check the grades attended)			
<b>SCHOOL DATA</b>			
Last High School Attended: _____			
Graduation Date: Month _____ Year _____			
Name of High School Counselor _____			
Last College Attended: _____			
(If applicable)			
<b>List the post-secondary, including vo-tech, schools which you have applied :</b>			
1. _____			
Name _____			
<b>Have you been accepted?</b> (Circle one) Yes No			
2. _____			
Name _____			
<b>Have you been accepted?</b> (Circle one) Yes No			
What grade in college (post-secondary education) will you be in during the coming school year?			
(Circle one) Freshman Sophomore Junior Senior			
Enrolled: Less than half-time _____ Half-time or more _____ Full-time _____			
(Please Check one)			
Number of credits per quarter/semester _____			
Major field of study applicant plans to pursue _____			
College ID # (if available) _____			

For OCS only

# Of awards received \_\_\_\_\_

Award Amount \_\_\_\_\_

# ORONDO COMMUNITY SCHOLARSHIPS

## PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. *(If space provided is inadequate, please use a separate page)*

Position	Date from (mo/yr)	Date to (mo/yr)	Hours per week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports etc).

List all community activities in which you have participated without pay during the **past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors. *(If space provided is inadequate, please use a separate page).*

Activity	# Of Years Participating	Special Awards, Honors

Did you receive the Promise Scholarship?      YES      NO

How many times have you received the O\$4S or OCS College Scholarship?   0   1   2   3   4

# ORONDO COMMUNITY SCHOLARSHIPS

## Financial Management Budget - Per Year

This scholarship is not awarded solely by financial need. This section is included as a guide to the Selection Committee.

<b>Expenses</b>		<b>Resources</b>	
Tuition and Fees	\$ _____	Estimated Savings	\$ _____
Room and Board	\$ _____	Family Assistance	\$ _____
Books and Supplies.	\$ _____	Loans	\$ _____
Other (please explain) \$	_____	Part Time Work (During school year)	\$ _____
		Other Scholarships	\$ _____
		Other Sources (Please explain)	\$ _____
Total	\$ _____	Total	\$ _____

# ORONDO COMMUNITY SCHOLARSHIPS

## APPLICANT APPRAISAL FOR:

You have been asked to provide information in support of this applicant for financial aid. When complete, please return this form to the applicant or Orondo Community Scholarships, P.O. Box 312, Orondo, WA 98843. This must be *postmarked* by **March 2, 2026**.

The applicant's choice of a post-secondary program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> not education
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

### Comments

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Relationship to Applicant *(Circle One)* Teacher   Counselor   Employer   Other \_\_\_\_\_

Appraiser's Name **(Print)** \_\_\_\_\_

Appraiser's Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Business Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

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The applicant's choice of a post-secondary program is	__ extremely appropriate	__ very appropriate	__ moderately appropriate	__ not education
The applicant's achievements reflect his/her ability	__ extremely well	__ very well	__ moderately well	__ not well
The applicant's ability to set realistic and attainable goals is	__ excellent	__ good	__ fair	__ poor
The quality of the applicant's commitment to school and community is	__ excellent	__ good	__ fair	__ poor
The applicant is able to seek, find, and use learning resources	__ extremely well	__ very well	__ moderately well	__ not well
The applicant demonstrates curiosity and initiative	__ extremely well	__ very well	__ moderately well	__ not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	__ extremely well	__ very well	__ moderately well	__ not well
The applicant's respect for self and others is	__ excellent	__ good	__ fair	__ poor

### Comments

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Relationship to Applicant *(Circle One)* Teacher   Counselor   Employer   Other \_\_\_\_\_

Appraiser's Name **(Print)** \_\_\_\_\_

Appraiser's Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Business Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)