



SCHOLARSHIP 2020 APPLICATION MIDDLE SCHOOL

Application must be filled out completely and postmarked by 5:00 PM on **Wednesday, July 1, 2020**.

Applicant: _____ Home Phone () _____

Address/City/Zip: _____

Email Address: _____ Cell Phone () _____

Current School Attending _____

School Attending in Fall _____

What year were you a participant at the 4GIRLS Workshop? _____

Anticipated Promotion Date _____ Cumulative GPA _____

List professional affiliations/clubs or organizations in which you participate:

List other extra-curricular activities in which you participate (not listed above):

List awards and honors (including year) received:

Please list the name of the person you have selected to complete the 4GIRLS reference form:

Name _____ Title (or relationship to you): _____

Phone No. _____ Email: _____

I certify that all information on this application form is true and complete.

Applicant Signature _____ Date _____

Parent/Legal Guardian
Signature _____ Date _____

Please submit this application along with:

- 4GIRLS character reference rating form in a sealed envelope (unless sent separately by the individual completing the reference to the email or P.O.Box noted below)
- One-page statement explaining what program you would like to attend and how you feel you will benefit from the program.

If you have questions, please contact Jinky Steinberg at 562-858-9838 or jinkysteinberg@gmail.com.

Please mail completed application to:

**4GIRLS Organization
PO Box 41452
Long Beach, CA 90853**

DEADLINE: WEDNESDAY, July 1, 2020 at 5:00 PM

**4GIRLS ORGANIZATION
SCHOLARSHIP APPLICATION
CHARACTER REFERENCE RATING FORM**

APPLICANT'S NAME: _____

Please rate the applicant on the qualities listed below by checking the appropriate column. Check "N/A" if you have no basis for judgment.

	TRULY EXCEPTIONAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
MOTIVATION						
ABILITY TO WORK WELL WITH OTHERS						
INDEPENDENCE OF THOUGHT						
ORAL COMMUNICATION SKILLS						
WRITTEN COMMUNICATION SKILLS						
CREATIVITY						
SELF-CONFIDENCE						
LEADERSHIP						
DEPENDABILITY						
PUNCTUALITY						

Please use the space provided to write a brief statement qualifying your rating of the applicant's qualities.

Rater's Name: _____

Title: _____

School/Organization: _____

Phone: (____) _____

Rater's Signature: _____

E-mail Address: _____

Questions: Jinky Steinberg 562-858-9838 Email: jinkysteinberg@gmail.com

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After completing this form:

1. Place in a sealed envelope.
2. Sign your name on the seal of the envelope.
3. Label front of envelope with 4GIRLS Scholarship Character Reference and give to the student, OR
Mail directly to: Scholarships @ 4GIRLS Organization P.O. Box 41452 Long Beach, CA 90853