



2025 scholarship application

The AWC Center for Quality Communities (CQC) offers scholarships to graduating high school students. Student applications must be submitted to their respective city. City nominations must be submitted through the AWC Center for Quality Communities website at cfqc.org no later than **January 27, 2025**.

Note: Application can be saved and completed as a fillable PDF.

1	First name:	Last name:		
	Pronouns:			
2	Mailing address Street/P.O. Box:			
	City:	State:	Zip:	
3	Best phone number to reach you:	Email:		
4	Current high school:		Number of years attended	
	If home-schooled, please check box:			
	If GED, please indicate date received or expected:			
	Have you been accepted into an accredited post-secollege for the 2025-26 school year?	econdary program or	Yes No	
	If yes, please provide institution name(s):			
5				
	If not, please indicate the name of the institution(s)) you are applying to:		
	Proof of student enrollment from the school is req	uired prior to the rel	ease of funds.	
	Career goals (please be specific):			
6				
7	Contact information of parent(s) or legal guardian(s)		
	Name(s):			
	Address:			
	City: State:	Zip:		
	Primary phone:	Email address:		

Please describe your financial need. Include any financial aid you expect to receive ar would help the committee understand your financial situation.	nd/or any circumstances that
8	
List your city, community, and civic involvement activities. (No additional materials	will be accepted.)
9	
List your school involvement and any academic honors and awards. (No additional r	naterials will be accepted.)
10	

	Personal essay Write a concise essay in response to the following question. Please limit the length to 700 words or less.				
11	Good leaders can guide and help others through both good and challenging times. This requires high standards of responsibility, empathy, and cooperation. Share a leadership experience you've had in serving your community, school, or family that has helped you understand the perspectives, motivations, and desires of people different from you. How has this experience, along with your civics education, helped you become a more effective leader?				
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	Statement of accuracy				
	I hereby affirm that all of the information provided above is true and correct to the best of my knowledge.				
	I agree that the scholarship funds will be sent directly to the educational institution.				
12	I agree that if I don't use the funds awarded to me by May 31, 2026, they will be returned to the scholarship fund.				
12	I understand that if chosen as a scholarship recipient, I must provide evidence of enrollment/registration at an accredited post-secondary institution of my choice before scholarship funds can be awarded.				
	Signature of scholarship applicant:	Date:			
	Release and consent				
	The purpose of this form is to request permission to share your scholarship application with requesting Washington state academic institutions for the purpose of determining eligibility for other scholarship opportunities, and if selected as a scholarship recipient, to use your photo/image and name in our scholarship program materials, website, and/or social media as part of the AWC Center for Quality Communities.				
	If you or your parent or guardian wish to rescind this agreement and remove your information or photo, you may do so at any time by sending an email to the AWC Center for Quality Communities at cqc@awcnet.org. Such rescission will take effect upon receipt by the AWC Communications department.				
	Nothing herein shall constitute any obligation on the part of the AWC Center for Quality Communities to make any use of any of the materials or rights granted.				
	Use of photo/image and name		Initials		
	If selected as a scholarship recipient, I grant permission for my (or my child's) photo/image and name to be used in connection with the AWC Center for Quality Communities scholarship program materials, website, and/or social media, including any and all uses of video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I (or my child) may be portrayed.				
13	Share information with academic institutions Initial				
	I grant permission for my (or my child's) scholarship application to be shared with requesting Washington state academic institutions for the purpose of determining eligibility for other scholarship opportunities.				
	I do not grant permission for my (or my child's) scholarship application to be shared with requesting Washington state academic institutions for the purpose of determining eligibility for other scholarship opportunities.				
	I hereby grant permission and execute this release as of the date and year below.				
	Signature	iignature of parent or guardian required for minors under 18 years of age)			
	Printed name	Relationship to minor			
	Date				
	Applicant checklist (Send completed application packet to city for consideration):				
14	Complete sections 1-14	Note:			
	Sign sections 12-13	Must be in good academic standing.			
	Attach a letter of recommendation	Must be eligible to graduate spring/summer 2	2025.		