

# Mission Viejo Activities Committee (MVAC) Volunteerism Scholarship Program Application

Application must be printed or typed, doubled spaced by applicant. Signatures on all forms and references must be original. Failure to follow the instructions and falsification of information will disqualify the candidate. Completeness, neatness, and correct grammar and spelling are important. MVAC verifies all information and references. Please see the brochure for qualifications.

Applicant must have volunteered for at least 150 hours of which at least 25 hours of volunteering must have been performed in Mission Viejo. Applicants must be citizens of the U.S. and must be attendees of Saddleback Valley Unified School District, Capistrano Valley Unified School District, or any high school within those geographic districts.

**Application deadline (not postmark) is March 15 and must be delivered to the address at the end of this application in a sealed envelope.**

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## APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Unit/Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Legal Status - US Citizen  Yes  No

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## PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ Unit/Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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## HIGH SCHOOL DATA

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
City \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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## POST SECONDARY SCHOOL DATA

Name of school you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.) Use official school names.

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

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## VOLUNTEER SERVICE

List all projects and hours you have participated in the **past four years**. Indicate awards, honors and offices held. Failure to list the hours and a contact person with a valid phone number may disqualify the candidate. No email addresses! If necessary, attach a separate page to complete. Separate your Mission Viejo volunteer experience hours from your non-Mission Viejo volunteer experience in the sections on the next page.

**Mission Viejo Volunteering**

Organization	Dates	Activity Tasks	Hours Completed	Contact Name	Phone #

Total Number Hours: \_\_\_\_\_

**Non-Mission Viejo Volunteering**

Organization	Dates	Activity Tasks	Hours Completed	Contact Name	Phone #

Total Number Hours: \_\_\_\_\_

**SCHOOL EXPERIENCES (Including Sports)**

School Activity	Date	Office Held	Award or Honor	Contact Name	Phone #

**WORK EXPERIENCE**

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. If necessary, attach a separate page to complete

Employer	From – mo/yr	To – mo/yr	Hours per week	Contact Name	Phone #

**GOALS AND ASPIRATIONS**

Briefly summarize your plans as they relate to your educational and career objectives and future goals. If necessary, attach a separate page to complete.

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**ESSAY** Please type a double spaced, personal essay on the importance and future of community service to you and your community. Please attach a separate page for your essay. Minimum of 250 words and maximum of 400 words.

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**UNUSUAL CIRCUMSTANCES** Please describe any unusual circumstances that have affected your personal life- school, work or your participation in community activities. If necessary, attach a separate page to complete.

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**APPLICANT APPRAISAL (REQUIRED)** Two letters of recommendation from a teacher, counselor, community organization, pastor or mentor who is not related to you and who knows about your volunteering efforts first hand (from experiencing your volunteering).

Each letter of recommendation should be one page and address some of the following issues:

- What specific duties in volunteering the candidate has engaged in, when, for how long, and with what goals.
- Does applicant demonstrate curiosity, initiative, good problem-solving skills and follow through skills in their endeavors
- Does applicant demonstrate respect and kindness for self and others
- Any comments or observations you feel may be helpful to the applicant
- Your relationship to the applicant, the name of the organization you represent and phone number

**When complete, the letters of recommendation should be returned to the applicant in a sealed envelope. Letters must be signed, dated and not a copy of a letter. Failure to follow the instructions could eliminate the candidate.**

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**APPLICATION** The student is responsible for submitting all materials to MVAC by March 15th. The application is complete and valid only when MVAC has received all of the following materials:

- θ Application
- θ Typed/Double Spaced Essay (250 words minimum and 400 words maximum)
- θ Two original letters of recommendation, in sealed envelopes and signed

**All materials must be addressed in sealed envelopes to:**

MISSION VIEJO ACTIVITIES COMMITTEE (MVAC)  
Volunteerism Scholarship Program  
24932 Veterans Way  
Mission Viejo, CA 92692

**APPLICATION DEADLINE: March 15**

Finalists will interview with the Volunteerism Scholarship Program Committee. You will be notified of the date and time. Scholarship recipients will be required to supply their Social Security number for tax purposes.

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**CERTIFICATION** The MVAC has the sole responsibility for selecting recipients based on application and interview. All decisions of MVAC are final.

I certify: I meet the eligibility requirements of the MVAC scholarship as described in the brochure. The information provided is accurate. If requested, I will provide proof of information I have listed on the application. Falsification of information will result in disqualification. This application becomes the sole property of MVAC.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_