





Employee Dependent Scholarship Program Application – 2024

Application Deadline: March 29, 2024

Name:	
Mailing Address: (including city and zip code)	
Home Phone Number: (if applicable)	
Student's Cell Phone Number:	
Student's Email Address:	
Parents'/Guardians' Name(s):	
Name of Company Employee:	
Business location of Employee	
(Grand)Parent working for the Company:	
Graduating High School Name:	
Two Year/Four Year College or	
University of Attendance:	
Estimated Entrance Date:	
Intended Major or Field of Study:	
—	d completed application or paperwork. e from Teachers, Counselors, Employers, Clergy, be from parents or relatives. We request these letters do
One-page essay - please tell us more about circumstances that should be considered	ut yourself, education and career goals, and any special by the scholarship committee.
Page 2 of the application – student to pro same time as student's completed section	vide to Counselor by school's required date, to be submitted at the as and letters of recommendation.
	ny minor dependent's name, and/or education status or School's /or media announcements regarding this scholarship or below)
	ligation to attend either: 1) an accredited two-year college for two years and then award period; or 2) a four year college or university at all times during the award ew and approval.
Signature of Employee Dependent Applicant	Date
Signature of Parent/Legal Guardian of Employee De	nendent Date







To Be Completed by School Counselor

Applicant Nam	e:				
	Point Average (All high date including es):				
SAT Scores:	Evidence-Based Readin	g and Writing:	Math:	Total:	
ACT Scores:	English: Rea	ading: Science:	Math:	Writing:	
	Franscripts Attached ters of Recommendatio	n Attached			
Print Name	of School Counselor		 Date		
 Signature of	School Counselor				

IMPORTANT NOTE TO COUNSELOR:

You may complete this page and provide to student for submission directly to the scholarship <u>OR</u> collect the completed applications and submit as a packet on behalf of the students. Please communicate with your student as to your preference.

If you are submitting, please submit all completed applications and/or supporting documentation to address indicated below; application must be postmarked **no later** than March 29, 2024.

Mendocino Forest Products Co., LLC Attn: Anabel Cervantes acervantes@MendoCo.com 3700 Old Redwood Highway Suite 200 Santa Rosa, CA 95403 (707) 620-2937







APPLICATION - EXTRACURRICULAR AND COMMUNITY ACTIVITY SHEET

List all extracurricular and/or community activities in which you have been involved for the past four years. Mark the box of the school year(s) in which you were involved. If you need extra space, please continue your information on an additional page.

EXTRACURRICULAR ACTIVITIES

STUDENT GOVERNMENT:					
	<u></u> 9	10	11	12	
	<u></u> 9	<u> </u>	11	<u> </u>	
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	<u> </u>	
ORGANIZATIONS/CLUBS:	l.				
	<u> </u>	<u> </u>	11	<u> </u>	
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	12	
ATHLETICS:	l.				
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	12	
	<u></u> 9	<u> </u>	11	12	
	<u></u> 9	<u> </u>	11	<u>12</u>	
PERFORMING ARTS:					
	<u></u> 9	10	11	12	
	<u></u> 9	<u> </u>	11	12	
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	12	
AWARDS, HONORS, ACHIEVEMENTS:					
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	12	
	<u></u> 9	10	11	<u> </u>	
	<u></u> 9	10	11	<u>12</u>	
OTHER:	<u> </u>				
	<u> </u>	10	11	12	
	По		11	1 2	







COMMUNITY ACTIVITIES

ORGANIZATIONS/CLUBS:					
	<u></u> 9	10	11	12	
	<u></u> 9	10	11	12	
	<u></u> 9	10	11	12	
	<u></u> 9	10	11	<u> </u>	
AWARDS, HONORS, ACHIEVEMENTS:	1				
	<u></u> 9	10	11	<u> </u>	
	<u>9</u>	10	11	<u> </u>	
	9	10	11	12	
	9	10	11	<u>12</u>	
OTHER:					
OTHER.	<u> </u>	10	11	12	
	<u>9</u>	10	11	12	
	<u>9</u>	<u> </u>	11	<u>12</u>	
	<u>9</u>	10	11	12	
CAREER GOALS:					
EDUCATION:					