AWC Center for Quality Communities

2027 scholarship application

The AWC Center for Quality Communities (CQC) offers scholarships to graduating high school students. Student applications must be submitted directly to your city. Check with your city to find out the local process and application deadline. For more information, visit http://cfqc.org.

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: _____

If home-schooled, please check box: ☐

If GED, please indicate date received or expected: _____

Expected graduation date

_____

5

Have you been accepted into an accredited post-secondary program or college for the 2027-28 school year? ☐ Yes ☐ No

If yes, please provide institution name(s):

If not, please indicate the name of the institution(s) you are applying to, starting with Washington-based schools (if applicable):

6

Contact information of parent(s) or legal guardian(s)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Email address: _____

7

Career goals (please be specific):

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 materials will be accepted.)**

10

Please describe your financial need. Include any financial aid you expect to receive and/or any circumstances that would help the committee understand your financial situation.

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?

12

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 scholarship funds will be sent directly to my accredited post-secondary institution once I have submitted proof of registration.
- ☐ I agree that if I don't use the funds awarded to me by May 31, 2028, they will be returned to the scholarship fund.

Signature of scholarship applicant: _____ Date: _____

13

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 notifying 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. _____

Share information with academic institutions **Initials**

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 hereby grant permission and execute this release as of the date and year below.

Signature	Signature of parent or guardian (required for minors under 18 years of age)
Printed name	Relationship to minor
Date	

14

Applicant checklist (Send completed application packet to city for consideration):

- ☐ Complete sections 1-14
- ☐ Sign sections 12-13
- ☐ Attach a letter of recommendation

Note:
Must be in good academic standing.
Must be eligible to graduate spring/summer 2027.