

# ANGELS OVER SANDPOINT COMMUNITY SCHOLARSHIP



**DEADLINE: APRIL 10<sup>th</sup> by 9:00 a.m.**

If this date lands on a weekend, then deadline adjusts to 9 a.m. the first Monday following the 10<sup>th</sup>. No forms will be accepted after the appropriate deadline.

## PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

HIGH SCHOOL:

GRAD DATE/YEAR:

MAILING ADDRESS:

EMAIL:

PHONE:

MOTHER/GUARDIAN:

OCCUPATION:

FATHER/GUARDIAN:

OCCUPATION:

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## ANGELS OVER SANDPOINT

It is the mission of the Angels Over Sandpoint to honor the memory of the Angels who have gone before us by helping those in need, contributing to the community in a positive and non-political way, to value each other as individuals, and to embrace the gift of life. This scholarship was created to encourage the next generation to embrace the spirit of giving. This can be either by helping an individual or group in need, or perhaps taking on a project that makes a difference to many in the community.

## SELECTION CRITERIA

1. Open to any Bonner County senior graduating this year, including private, public and home school, who has displayed acts of community service and leadership.
2. Applicant must have a clear joy and selflessness of contributing to the betterment of one's community.
3. Applicant must be encouraging of others to make a difference in the lives of those in his/her community.
4. Finalists will be contacted for a brief interview.

## APPLICATION CHECKLIST

Print on normal printer paper (not thick fancy paper). Place application items in the exact order as below in a clear project folder.

Angels Over Sandpoint Community Service Scholarship  
Cover including supplement requirements including  
specific Angels Over Sandpoint essay.

Common Scholarship Application including essay

Official Transcript

Recommendation #1 from a teacher or other school  
official (no family members or peers)

Recommendation #2 from a community member or  
employer (no family members or peers)

## SUBMISSION INSTRUCTIONS

**SHS, LPO, and CFHS:** Drop off at your school's counseling center by the deadline above.

**ALL OTHERS:** Mail to Angels Over Sandpoint, Attn: Community Service Scholarship, P.O. Box 2369, Sandpoint, ID 83864; postmarked by the deadline above.

If you have further questions, contact Carolyn Sorentino at [csorentino@gmail.com](mailto:csorentino@gmail.com) or either (208) 263-6066 or (208) 920-1632,

**IF YOUR APPLICATION IS INCOMPLETE, IT WILL BE ELIMINATED.**

## ANGELS OVER SANDPOINT SUPPLEMENT

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**NAME:**

### 1. SCHOLARSHIP VERIFICATION

I am a student in a school district in Bonner County (including homeschools), I will earn a high school diploma in the spring of this year and plan to attend a college, a university or vocational program commencing in the fall of this year.

TRUE

FALSE

**If you answered false, you are not eligible for this scholarship.**

### 2. HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP?

*Answer with up to 500 characters including spaces (about 100 words).*

### 3. ANGELS OVER SANDPOINT ESSAY

**No more than 2 pages, double-spaced.**

**THIS IS NOT THE SAME AS THE COMMON SCHOLARSHIP ESSAY.**

**Attach to application as directed on cover sheet**

Share about yourself, how you were inspired to give to your community or someone in the community. Include the specific ways in which you contributed to the betterment of individuals in need through service, volunteerism or innovative programs you helped to establish. Indicate your part in any programs in which you participated. Please describe how your actions improved the quality of life for your community or the individuals you served and how these actions affected you.