

**Clovis Unified School District**  
**Application for the JOHN W. MILHOUS MEMORIAL Scholarship**

This application and requested documents must be **RECEIVED by the Foundation Office no later than 5:00 p.m. on Monday, April 5, 2021.**

**Mail or deliver to:** Sara Almaraz  
Foundation for Clovis Schools  
1450 Herndon Avenue  
Clovis, CA 93611

The following must accompany this application:

- 1) Resume **AND** autobiography of not more than two pages (please type).
- 2) Two letters of recommendation: may be from a teacher, counselor, school administrator, employer, clergy or other adult (not related to you) who has some in-depth knowledge regarding your skills and achievements.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

School \_\_\_\_\_

Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Name of Parents or Guardians: \_\_\_\_\_

Counselor \_\_\_\_\_

G.P.A. \_\_\_\_\_ College you plan to attend \_\_\_\_\_

College major \_\_\_\_\_ Future Occupation \_\_\_\_\_

**Financial Information**  
**(all items MUST be completed)**

Father's Occupation \_\_\_\_\_ Annual gross income \$ \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Annual gross income \$ \_\_\_\_\_

If student is employed, please state where and how much is earned per month \$ \_\_\_\_\_

Number of dependent children in family \_\_\_\_\_ Number of siblings in college \_\_\_\_\_

Extraordinary family expenses \_\_\_\_\_

**My signature indicates that I give \_\_\_\_\_ High School permission to forward this application and supporting documents listed above to scholarship sponsors.**

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

\_\_\_\_\_  
Date