Application Guidelines

Scholarship's Eligibility Requirements: Applicants must be a graduating senior of a high school located in Grant County, State of Washington, have a cumulative GPA of 2.5, and plan on attending a college, university or other post-secondary institution. The Eligibility Requirements to receive a scholarship from the foundation are attached hereto.

Application Deadline: Applications must be received or postmarked by October 25, 2014. Faxes will not be accepted.

Please mail all completed applications to: School Counselor in charge of scholarships.

Completed Application: A completed application includes the items assembled in the following order and stapled together:
- Application Guidelines Sheet signed and dated
- Application Form
- Activities Form
- Grade Certification Form
- Personal Essay
- Proof of parent's gross income for last two years
- Letter of Recommendation
- Official Transcript

Personal Essay: The essay must only be one-page in length, typed on a computer or hand-written. If typed on a computer, the essay must be double spaced and 12-point Times New Roman font.

Answer this prompt: Please review the eligibility requirements before preparing an answer. How will the scholarship help you achieve your career goals? Highlight areas, such as your academic, extra-curricular, and community service accomplishments (do not include the activities you have already reported on the Activities Form), any part-time jobs, travel or hobbies that may relate to your career goals, as well as obstacles already overcome in pursuit of your goals. If applicable, please discuss your level of financial need. There is no “correct” way to respond to this essay. In writing about something that matters to you, you will convey a sense of yourself, and you let us know something about you that we may not learn from the rest of your application.
**Letter of Recommendation:** The sole purpose of the letter of recommendation is to learn about you, the applicant, through someone who knows you and can write a candid, unbiased evaluation of your character and life goals. Please do not ask family members or friends to write your recommendation letter. Ministers, coaches, employers, supervisors, counselors or teachers would be more appropriate for providing sufficient information about you as a person. The letter of recommendation should be completed on the form provided, signed, sealed in an envelope and returned with the remaining items of the application packet. **Any recommendation received with a broken seal will be immediately rejected, causing your application to be incomplete.**

In signing below, I declare that this essay and all answers to the following scholarship application questions are my own work.

Student's Name Printed: ___________________________ Date: __________________

Student's Signature: ___________________________ Date: __________________
Application Form

Before completing this application, read all of the instructions. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The Sam I. Kobata & Sons Foundation assumes no responsibility for procuring the information.

Name:
Last
First
Middle

Permanent Address:
(Street or PO Box City State Zip Code)

Student ID Number: __________________________ Date of Birth: __/__/____
Gender: ☐ Male ☐ Female
Telephone Number: (______) _______ - _______
Email: __________________________

Name of college or school in which you plan to enroll or are currently enrolled:
__________________________________________________________
(Name of college, Address, Dates To Attend)

Have you been accepted? ☐ Yes ☐ No
What is your intended major field of study? ______________________________

Number of hours enrolled for Fall: ______________________________

Cost for one year's tuition at the school in which you plan to enroll for the fall:
__________________________________________________________

Name of high school currently attending: ______________________________
Cum. GPA: __________________________

Name of high school counselor: ______________________________
High School Phone No: (______) _______ - _______
# FINANCIAL AID

**Directions:** Please list all scholarships you have applied for and/or received for the upcoming academic year.

<table>
<thead>
<tr>
<th>Scholarships Received (list one scholarship per line)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scholarships Pending (list one scholarship per line)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

# FINANCIAL INFORMATION

**Directions:** Information to be completed by scholarship applicant.

- Number of people living in your household:
- Number of people living in your household attending college full-time in the fall:
- Which schools are they attending?
- If dependent, do both parents work? □ Yes □ No

# STATEMENT OF FINANCIAL NEED

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Cost to Attend School 2014-2015:</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>Tuition</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>Fees</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>Books</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>Room and/or Board</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED COST OF SCHOOL:**

$
<table>
<thead>
<tr>
<th>FINANCIAL ASSISTANCE RECEIVED:</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Scholarship Awards Received</td>
<td>$</td>
</tr>
<tr>
<td>Loans</td>
<td>$</td>
</tr>
<tr>
<td>Other Financial Assistance Received (Pell Grants, etc.)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL ASSISTANCE RECEIVED:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**Unmet Financial Need (Difference between Costs & Financial Assistance)** | $ |

I have read the "Application Guidelines" page and understand submission procedures and deadline requirements. I also certify that I am 17 years of age or older, planning to attend or already attending a college, university or other type of post-secondary educational institution in the Fall of 2014. I further certify that all the information in this application is, to the best of my knowledge, accurate and correct.

Student’s Name Printed: ____________________________ Date: __________

Student’s Signature: ____________________________ Date: __________
<table>
<thead>
<tr>
<th>High School Extracurricular Activities</th>
<th>Participation By Year</th>
<th>Positions Held – Identify Participant or Leadership Level or Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fr  So  Jr  Sr</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Work/Community Service</td>
<td>Dates of Service</td>
<td>Responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Experience</td>
<td>Dates of Employment</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Do not attach additional resumes, lists, etc.***
Grade Certificate Form

This section is to be completed by an advisor/counselor. GPA information should be on a scale of 4.0 only.

Student's Name: ________________________________________

School Name: ________________________________________

At the close of the most recent semester, the applicant ranked ____ in a class of _______.

At the close of the most recent semester, the applicant's cumulative GPA was _____ on a scale of 4.0.

SAT Scores: (600-2400)  ACT Scores:

Critical Reading: ___________  English: ___________
Math: ___________  Math: ___________
Writing: ___________  Reading: ___________
Combined: ___________  Science Reasoning: ___________
Composite: ___________

Person completing this form: ________________  Title: ________________

(Please Print)

Signature: ________________________________________  Date: ____/___/____

Official Transcript: Provide a transcript that includes grades (your GPA and Cumulative GPA) from the Fall semester. Do not send your application without your official academic transcripts.

If you had a semester where your grades dropped significantly, please write a paragraph explaining why this happened and your plan or goals for improving your grades in future semesters.
Letter of Recommendation Form

To Evaluator: The below named applicant is applying for the Sam I. Kabata & Sons Foundation scholarship. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form to the student in a sealed envelope with your signature across the seal. Please make a statement describing the applicant's character, school and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses, not to exceed one page in length. If you are using your letterhead be sure to include your relationship to the applicant and the length of time you have been acquainted.

I am writing this evaluation on behalf of: ________________________________

Student's Name: ______________________________________________________

Evaluator's Name: __________________________________ Telephone Number: (______) _____-_____

Address: _____________________________________________________________
(Street or PO Box) City State Zip

Relationship to applicant: ______________ How long have you known applicant? __________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember - parents, friends, and immediate family members are not eligible to write the evaluation. We ask this letter of recommendation be computer prepared or hand-printed.
SAM I. KOBATA & SONS FOUNDATION

ELIGIBILITY REQUIREMENTS FOR SCHOLARSHIPS FROM THE SAM I. KOBATA & SONS EDUCATIONAL FUND

The following eligibility requirements to receive a scholarship from the Sam I. Kobata & Sons Educational Fund must be met. The By-Laws of the Corporation authorize the Board of Trustees to amend the eligibility requirements of recipients of scholarships and to add, remove or amend priority of the colleges and universities which the students must attend. At the sole discretion of the trustees, the following stated eligibility requirements may be waived by the Board of Trustees to promote the purposes of the corporation.

1. Completion of an application for the scholarship accompanied by all requested supporting documentation. The Board of Trustees shall determine the contents of the application and the information requested and supporting documents required. The following criteria will be considered:

2. (a) Academic performance: Students must have earned a high school diploma and graduated from high school located in Grant County, Washington with a minimum of a 2.5 cumulative grade point average. A transcript as a measure of academic performance is considered. Please enclose your transcript with the application (20 points maximum)

3. (b) Personal Statement: Outline your goals, emphasizing the role your education will play in your success. (20 points maximum)

4. (c) Activities: Extra-curricular activities as a measure of student’s socialization, community service, offices, honors, and awards. (10 points maximum)

5. (d) Letters of Recommendation: Please enclose three current and dated letters of recommendation from three different people. (10 points maximum)

6. (e) Work Experience: List and describe paid work experience. (5 points maximum)

7. (f) Unusual Circumstances: Describe any unusual circumstances that affect your need for financial aid. (5 points maximum)

8. Admission to one of the following listed colleges or universities. The Board of Trustees may waive attendance at one of the listed colleges or universities and award a scholarship to an applicant attending an accredited college deemed acceptable by the Board of Trustees. Preference shall be given to applicants in the order of the below listed colleges and universities.

a. Big Bend Community College
b. Eastern Washington University
c. Central Washington University
d. Gonzaga University of Spokane
e. University of Washington
f. Washington State University
g. Western State University

9. A course of study offered by the selected college must be selected. There is a preference for academic studies leading to a degree in the field of agriculture.

10. The combined annual income of the applicant and the applicant’s family, if the applicant is dependent on his parents at the time the application is filed, must be lower than $50,000.00. The income tax returns of the applicant and the parents of the applicant must be submitted with the application. The Board of Trustees may waive the median income limitation.

11. Scholarships shall be awarded for one year or longer at the discretion of the Board of Trustees. Any person who has been awarded a scholarship for one year may apply for a scholarship the following year and will receive a preference for a continued scholarship.

12. Funds for scholarships shall be disbursed directly to the college on a semester or quarter semester basis. The recipient of a scholarship must maintain a grade point average of 2.5 (based on a 4.0 scale) or better. The recipient must complete and earn a minimum of 12 credit units each quarter or semester toward the recipient’s degree program. A recipient who fails to maintain a 2.5 grade point or fails to earn 12 credit units each quarter or semester toward the recipient’s degree program shall lose the scholarship award for the next semester or quarter and shall not be eligible for reinstatement. The Board of Trustees may waive compliance with this requirement.

13. If a recipient completely withdraws from the college or does not enroll in any given quarter (summer excepted), the recipient loses all rights to the award. Exception to this exclusion may be made through direct petition to the Board of Trustees. Exceptions may be made only when there are extenuating circumstances such as an incomplete, illness, family death, etc. In such cases, a one quarter or one semester probationary period may be granted.

14. The Board of Trustees may designate an applicant or applicants as an alternate eligible to receive a scholarship award as a replacement for any other designated recipient in the event the designated recipient becomes ineligible, refuses or fails to accept the scholarship that has been awarded.

In the event the Board of Trustees are unable to award sufficient scholarships to comply with the requirements of the By-Laws of the Corporation and the rules and regulations of the internal revenue service, the corporation may distribute such funds, in the discretion of the Board of Trustees, to one of the eligible colleges or universities to provide student aid in accordance with the rules and regulations of the college or university.

Dated this ___ day of _____, 2014

By: _______________________

Sam K. Kobata