## **Anderson Dale Bard Memorial Scholarship**

2020

The Bard family announces the Anderson Dale Bard Memorial Scholarship Award Program. Under the Program, one (1) \$1,000 scholarship will be awarded to a senior attending San Pedro High School/John M. & Muriel Olguin Campus, with emphasis placed on unique, creative thinkers pursuing fields of study such as Marine Science, Astronomy, Technology or Engineering. Relatives of the Bard Family are not eligible for this award.

## **Program Guidelines & Priorities:**

- Applicants must have a GPA of at least 2.5, and plan to attend a 2- or 4-year college or technical school.
- Applicants must be graduating seniors from San Pedro High School, with a substantial percentage of their curriculum spent in the Marine Science Magnet, or attending classes at the John M. & Muriel Olguin Campus.
- Strong consideration will be given to students with a record of volunteerism in the community in non-school sponsored activities.
- Applicants must have the endorsement of the Magnet Coordinator on their application attesting they are a qualified fit for this scholarship program. The Bard family suggests that high school administration or faculty present this opportunity to the strongest applicants that match this program's guidelines.
- Application deadline is 4:00 p.m. of the last Friday in April of the applicant's senior high school year. Late applications will not be accepted.
- Scholarship funds will be paid in December or January for the second semester of the student's first college year, directly to the college and not to the student. It will be the student's responsibility to submit to the Bard family at that time an invoice for second semester tuition and fees, student ID number and all college information necessary for payment of funds.

## **Submission Instructions:**

Scan completed forms or fill out electronically and send via email to: anderson@dbimaging.com

Applications will be reviewed and recipients selected by a committee consisting of volunteers selected by the Bard family. The scholarship will be announced each May prior to the first year of the recipient's college or technical school.

Application:						
Today's Date:	/	_				
Name:	First	Middle	Last			
Mailing Address:	Street					
	City	State	Zip			
Daytime Telephor	ne Number: ()					
Email:						
Date of Birth:	//	-				
Cumulative Grade Point Average (GPA): (On a 4.0 scale)  Attach proof of GPA. Your most recent school transcript is required.						
Are you the first person in your family to go to college: Y $\square$ N $\square$						
List any academic honors, awards and membership activities while in high school:						
List your hobbies,	outside interests, extracur	ricular activities and school rel	ated volunteer activities:			

List your non-school sponsored volunteer activities in the community:
If you have decided on what college you will attend, please list school name:
If not, list your top three college choices:
1.
2.
3.
List Family Gross Annual Income from most recent Income Tax Form 1040 Line #22: \$
Are you a relative of the Anderson Bard family? Y \( \square\) N \( \square\)
To your knowledge, are you a relative of anyone on this year's selection committee for the Anderson Bard Award? Y $\square$ N $\square$
Name & address of parent(s) or legal guardian(s):  (if different than your own listed in Question 2)
Street
City State Zip
Home phone of parents/guardians: ()
Work phone: ()

What has been	your proudest ach	nievement so fa	r?		
	, ,				
How do you de	fine "success"?				

## **Statement of Accuracy for Students:**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I must be present at any potential awards ceremony, surprise, or reception in the May prior to my first year of college or technical school to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Bard family the appropriate information for my scholarship to be paid directly to my educational institution for my second semester.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Sig	gnature of scholarship applicant:
	Date:/
State	ment of Support by Magnet Coordinator:
	eby affirm that this application meets the criteria set forth by this scholarship program and that ort this application to the Anderson Dale Bard Memorial Scholarship Award Program.
Name	e of Magnet Coordinator:
Conta	act information (email and phone):
Signa	ture of Magnet Coordinator:
	Date:/
Checl	dist:
	Application
	Attached school transcript/proof of GPA
	Signed Statement of Accuracy
	Signed Statement of Support