



AOC Mugu Crows
PO Box 1384
Camarillo, CA 93011-1384



www.aocmugu.org

Application Completion and Submittal Instruction

Scholarship Application is to be received by the last Thursday in March.

I. Application Preliminary Criteria

- A. This scholarship is based on academic merit, character, leadership and interests in science and technical fields
- B. Recipients must be selected with no limitation based on race, color, creed, sex, or national origin, but, must be a citizen of the USA.
- C. If the recipient transfers to another school before using all available funds or ceases to attend classes after registration, any money remaining in this fund shall be returned to the treasurer of the Mugu Crows Club.
- D. The scholarship funds are releasable upon proof of registration.
- E. The scholarship may not be used for home study or correspondence programs.
- F. Participating schools will receive information packets concerning the scholarship program and announce availability to prospective candidates.
- G. Applicants/nominees must complete scholarship application form for the committee to select candidates.
- H. A selection committee developed by the local School Career Counseling office shall recommend a candidate in accordance with the policy and intentions stated herein and forward the results of selection to the Association sponsor for final confirmation.
- I. The school in compliance with sponsor criteria provide herein will administer the nomination and selection process. Selection will be reported in time for sponsor confirmation, announcement and presentation at an awards ceremony.
- J. The monetary grant will be made to the school in the student's name for quarter/semester disbursement upon proof of registration and student number.

II. Application Completion

- A. Download MS Word File or Adobe .pdf File to your hard drive / thumb drive
- B. Save File with a unique file name; i.e. Scholarship App {Your Last Name, First name}.docx / .pdf to your hard drive / thumb drive
- C. Fill out the Application and save to your hard drive / thumb drive

SUBMIT FOLLOWING ITEMS in your application package:

- D. COMPLETED APPLICATION, SIGN AND DATE
- E. Verification of recent completion of Academic performance (copy of Unofficial Transcript is acceptable),
- F. Two letters of Recommendation from Professors or Teachers (at least one from Science, Technology, Engineering, or Math)
- G. Essay (spell check and proof read),
- H. Assemble all documents in preparation for submittal.

III. Application Submittal

- A. By Mail: Send Application, letter(s) of recommendation, essay, and copy of transcripts.
- 1) Submit application package to:

AOC Mugu Crows
ATTN: Scholarship Committee
PO Box 1384
Camarillo, CA 93011-1384
 - 2) Scholarship Application is to be received by the last Thursday in March.
- B. By eMail: Prefer a consolidated (one) .pdf file with unique file name i.e.
- Scholarship App { Your Last Name, First name }.pdf.
- 1) .pdf file consist of: Application, letter(s) of recommendation, essay, copy of transcripts.
 - 2) Send eMail to Mugucrow2015@aol.com
 - 3) Scholarship Application is to be received by the last Thursday in March.



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PLEASE PRINT or TYPE:	
Contact Data	NAME: _____
	HOME ADDRESS: _____ <small>(Address City, State, Zip)</small>
	SCHOOL NAME and _____ ADDRESS: _____ <small>(Address City, State, Zip)</small>
	Email ADDRESS: _____
	HOME PHONE: () _____ CELL PHONE: () _____
CITIZENSHIP: U.S. <input type="checkbox"/> Foreign Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> <small>(place 'X' where applicable)</small>	
Social Security Number: xxxx-xx- _____ <small>(Last four digits)</small>	
School	Class Standing Next Fall Semester: Transfer <input type="checkbox"/> Frosh <input type="checkbox"/> Soph <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> <small>(place 'X' where applicable)</small>
	Over All GPA: ___/___ (i.e. 3.5/5.0) College Students: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> <small>(place 'X' where applicable)</small>
	Primary Field of Study: _____ Expected College Graduation Date: _____

Names and Addresses of 2 professors or teachers who are submitting a recommendation in your behalf:

- School Department Address: _____
- School Department Address: _____

Are you now, or have you ever, received a scholarship through either the School or any other organization? Please indicate

Name of Award :	Amount:	Date
Name of Award :	Amount:	Date

Brief Essay:

On a separate page, please type a brief essay on (1) Why you should be selected for a scholarship, (2) How you qualify (3) Include financial need if any, (4) School or community activities and (5) What you want to do upon graduation. Please be specific.

TO: Dean, School of Engineering and Computer Science, and Director, Financial Aid; or High School:
Would you please provide the information required with regard to my financial need and academic progress upon request. THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature and Date

SUBMIT TO: (completed packets)
Scholarship Chairman Dan Fisher Mugucrow2015@aol.com (in .pdf format)
Or AOC Mugu Crows
ATTN: Scholarship Committee
P.O. Box 1384
Camarillo, CA 93011-1384

Additional copies of the application are available at the scholarship tab, on our web site: www.aocmugu.org