**Willie Rojo Scholarship**The Centennial High School Chapter of the National Honor Society committee selects one recipient for the Willie Rojo Scholarship for an undetermined amount funded by two annual Shred-a-thon fundraisers. The recipient of the Willie Rojo Scholarship is open to any senior student not involved in National Honor Society graduating from Centennial High School who is continuing their education.

Due date is April 4, 2025 by midnight.

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|  Please **type** your answers.  |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3. | Daytime Telephone Number: ( ) |
| 4. | Email Address: |
| 5. | Date of Birth: Month Day Year  |

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| 6. | A. The following items must be attached to this application form in order to establish the eligibility and to be reviewed by the scholarship committee. **B. Circle “YES” or “NO” to confirm you have attached each item as required.** |
|  | YES | NO | **One brief essay (500 words or less) to respond to the following question:**  How has your Coyote Pride in Centennial High School helped you overcome obstacles and contributed to who you are today? |
|  | YES | NO | **Two (2) Letters of Recommendation.** Letters should be written by teachers, counselors, or community members that are not family or friends. |
| YES | NO | **Parent and student signatures.** Make sure that both student and parent have signed below. |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if my child is chosen as a scholarship winner the money would be applied toward any continuing educational purposes and paid directly to the school or institution.

Applicant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of scholarship applicant’s parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_