

Albert Jensen Agricultural Scholarship
Administered by the Monterey County Historical Society, Inc.
Contact: mchs@redshift.com or at 831-757-8085

Application

Biographical Information

Applicant Name: _____
Last Name First Name MI

Social Security Number: (Optional) _____ Date of Birth: ____ / ____ / ____
Month / Day / Year

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Citizenship, State & County Information

____ I am a U.S. Citizen, or legal resident of the State of California and a resident of the County of Monterey or northern California (per the scholarship criterion).

Educational Information

Name of High School Attended: _____

Location of High School: City: _____ State: _____

Graduation Date from High School: _____ / _____

College Major: _____ Career Objective: _____

Cumulative GPA: _____ Projected Graduation Date: _____

I am attending _____ for a/an: _____ BA/BS

_____ MA/MS _____ PhD

College Attending for fall 20 ____ : _____ Spring 20 ____ : _____

If graduating from current college/university in Spring 20 ____, which 4-year College/University or Graduate program, are you planning on attending in Spring of 20 ____ :

_____ I have applied _____ I have been admitted.

Projected transfer date: _____ Month/Year

List of Prior Colleges/Universities Attended:

Dates Attended: _____

Month and Year: _____

Please check your enrollment status for the appropriate semester where applicable

Semester	Full Time= 12+ units	¾ Time= 9+ units	Half Time= 6+ units	< Half Time= 5 units or less		Not Attending
Spring 20____						
Fall 20____						
Spring 20____						

Extracurricular Activities

1. School extracurricular activities (Team Sport/Clubs/etc.):

2. Community Activities/Community Service:

3. Accomplishments (Community/Campus/Personal):

4. Hobbies and Interests:

5. Please include any other information about yourself that you would like us to know:

Attach Further Sheets as Necessary

Signature

To comply with the provisions of the Family Educational Rights and Privacy act of 1974 (FERPA), a school must obtain signed authorization before it can release information about a nominee for use in their scholarship program.

My signature on this form constitutes that I have completed this application as accurately as possible. I also am aware that any intentional misrepresentation on my part may lead to my disqualification from the Tabasa Fund for Filipino Studies Scholarship program. My signature also authorizes the Student Financial Services Office of the school(s) or institution(s) that I have attended to release school records and other requested information to the MCHS Scholarship Committee Members and/or Donors. I also acknowledge that my submission may result in publicity if I receive a scholarship.

Signature

Date