

Call for Applications for the Serve Tri-Cities/AmeriCorps Scholarship

The purpose of the Serve Tri-Cities/AmeriCorps Scholarship is to provide educational awards for **all** qualified current and past AmeriCorps graduates from **any** years in which they served AmeriCorps.

The application criteria including the following:

- The applicant must submit evidence of successful completion of at least two
 or more full-time terms of service with Serve Tri-Cities in Benton or Franklin
 counties;
- The applicant must provide proof of identify;
- The applicant must provide evidence of current enrollment in a Title IV school.

To apply, please provide the following:

Application Form. Complete the attached form.

Essay. Write and submit an essay (500-1000 words) telling us about what you have learned from your experience in the AmeriCorps program and how it has impacted your future career goals.

References. Please include **two** reference letters with your application. These letters should be from people who know you through your academic or employment experience or your community leadership and participation. Please do not include relatives as references.

Acceptance Letter. Please include a copy of your current enrollment in a Title IV school.

Deadline. The completed application, essay, and letters of reference must be mailed to the address below and postmarked by August 1, 2022.

3 Rivers Community Foundation 1333 Columbia Park Trail, Suite 310 Richland, WA 99352



Serve Tri-Cities/AmeriCorps Scholarship Application Form

| Please Print | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| Name of Applicant | | |
| Address: | | |
| City, State, Zip: | | |
| Phone: | Email: | |
| Social Security #: | | |
| Citizen of the United States: Yes (If No, Resident Status): | | |
| Current School: | | _Graduation Date: |
| Undergraduate Program: or | Postgradua | te Program: |
| Student Identification Number: | | |
| School Financial Aid Office Address: | | |
| Verification. I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I understand that if selected, the awarding of funds is contingent upon my enrollment in an accredited Title IV institution, and that the funds will be paid directly to the institution and used toward the cost of my education. | | |
| Signature | | Date |