

# Helen M. Clancy Scholarship Foundation

2023 APPLICATION FORM  
DEADLINE: Friday, APRIL 7, 2023

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## PART I--GENERAL INFORMATION

Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Permanent Mailing Address \_\_\_\_\_  
(No. & Street or PO Box) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

High School Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_ Cum. H.S. GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

College or University You Plan to Attend:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

SAT Scores \_\_\_\_\_ ACT Scores \_\_\_\_\_ Projected Major \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PART II—ACTIVITY PAGE

On a separate typewritten page, please provide a resume listing your leadership experience, employment history, community activities, school activities, etc. Please include a picture of yourself.

## PART III--SHORT ESSAY

Please share with us how you have demonstrated leadership in serving others in our Vashon community or in the greater world. How has your service experience impacted or changed you? How do you think it may affect your goals in life and your actions in the future?

Please use a separate, typewritten page for this essay. Limit your response to 500 words please.

Use a separate sheet for each page, as the application is scanned. Double sided pages run the risk of being missed in the process.

(For Parts II and III, please put your name on all attached pages.)

# Helen M. Clancy Scholarship Foundation

APPLICANT NAME: \_\_\_\_\_

**PART IV—CONFIDENTIAL FINANCIAL NEEDS ASSESSMENT (use additional sheets if necessary)**

**ESTIMATED RESOURCES<sup>1</sup>**  
(SCHOOL YEAR 23/24)

**ESTIMATED EXPENSES**  
(SCHOOL YEAR 23/24)

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice		1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
School Name			School Name		
Own Earnings			Tuition & Fees		
Own Savings			Books & Supplies		
Parental Aid			Rent/Dorm		
Aid from Others (specify below)			Transportation		
Parent Loans <sup>2</sup>			Food or Board		
Income Tax Refund			Medical/Dental		
School Yr Employment			Utilities		
Loans <sup>3</sup>			Insurance		
Scholarships			Clothing		
Work Study			Entertainment		
Grants			Debt Repayments		
Child Support			Other Expenses		
Other Resources: (specify below)					
<b>Total Resources</b>			<b>Total Expenses</b>		

<sup>1</sup> (If necessary to explain your situation clearly you may add extra pages. If you must, give us your best estimates in lieu of leaving blank spaces. You can use the correction sheet to provide final data).

<sup>2</sup>This line is for loans taken out by your parents to assist in your education

<sup>3</sup>This should reflect the maximum amount you are prepared to borrow to meet your anticipated expenses. Do not leave this blank unless you do not intend to borrow money under any circumstances.

# Helen M. Clancy Scholarship Foundation

APPLICANT NAME: \_\_\_\_\_

One of our considerations is financial need. Please use the space below to give the selection committee any additional information which you consider important in fairly evaluating your circumstances and needs. Include information about your family situation, parents, siblings, etc: \_\_\_\_\_

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## **PART V--LETTERS OF REFERENCE**

Attach or send separately two letters of reference, one from each of two persons who know you well and are not related to you. At least one of these letters must be from someone outside of your school setting. Please let your references know that their letters must be postmarked by the deadline and do not need to be sealed in any special fashion.

## **PART VI--HIGH SCHOOL TRANSCRIPT**

Attach an unofficial copy of your high school transcript to your application.

## **PART VII--CERTIFICATION**

I HEREBY AUTHORIZE THE CLANCY FOUNDATION TO VERIFY ANY OF THE INFORMATION CONTAINED HEREIN. \_\_\_\_\_ (Please initial)

I CERTIFY THAT I AM A FULL-TIME RESIDENT OF VASHON ISLAND AND HAVE LIVED HERE SINCE

\_\_\_\_\_.  
\_\_\_\_\_ (Please initial)

**I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION AND ALL ENCLOSURES ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION OR RESULT IN AN AWARDED SCHOLARSHIP BEING RESCINDED BY THE FOUNDATION.** \_\_\_\_\_  
\_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Name

# Helen M. Clancy Scholarship Foundation

APPLICANT NAME: \_\_\_\_\_

Please mail your completed application form together with all attachments to:

Helen M. Clancy Scholarship Foundation  
19001 Vashon Hwy SW, Ste 209  
Vashon, WA 98070

Please DO NOT put your application in a folder of any kind; simply staple all pages together.

If you have questions about the application or selection process please contact David F. Cooper at (206) 463-3608.

**All applications must be postmarked or otherwise submitted by April 7, 2023 to be considered.**

Additional information and copies of this application may be found and downloaded from our website [www.HMCSF.org](http://www.HMCSF.org).

CONFIDENTIALITY. All information provided in this application, with the exception of the names of the winners, will be held in CONFIDENCE and used solely for the purpose of evaluating the applicant by the directors of the Helen Miller Clancy Scholarship Foundation.

## **CHECKLIST - IMPORTANT!**

- 1. Application completed, signed and dated. (Four pages)
- 2. Two letters of reference (may be under separate cover)
- 3. Transcript (official or unofficial)
- 4. Photo of self

# Helen M. Clancy Scholarship Foundation

## 2023 CORRECTION SHEET

(To be used if selected for an in-person interview)

Name \_\_\_\_\_

College or University You Plan to Attend: \_\_\_\_\_

**ESTIMATED RESOURCES**  
(SCHOOL YEAR 23/24)

**ESTIMATED EXPENSES**  
(SCHOOL YEAR 23/24)

School Name		School Name	
Own Earnings		Tuition & Fees	
Own Savings		Books & Supplies	
Parental Aid		Rent/Dorm	
Aid from Others (specify below)		Transportation	
Parent Loans <sup>1</sup>		Food or Board	
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Other Resources: (specify below)			
<b>Total Resources</b>		<b>Total Expenses</b>	

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(Please initial) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Name

Please email this form to: [helenclancyfound@gmail.com](mailto:helenclancyfound@gmail.com)

If you have questions about the application or selection process please contact David F. Cooper at (206) 463-3608, or by email at [HelenClancyFound@gmail.com](mailto:HelenClancyFound@gmail.com).