

# Helen M. Clancy Scholarship Foundation

## 2026 APPLICATION FORM

DEADLINE: Friday, APRIL 3, 2026

### 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, University or Vocational/Technical Institution you plan to attend:

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

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

Projected Major: \_\_\_\_\_ Optional: SAT Scores \_\_\_\_\_ ACT Scores \_\_\_\_\_

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. Also tell us how your service experiences impacted or changed you, including your plans for your 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 above, 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 26/27)		ESTIMATED EXPENSES (SCHOOL YEAR 26/27)	
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		Technology, Books & Supplies	
Parental Aid/Yr		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 <sup>4</sup>		Clothing	
Work Study		Entertainment	
Grants <sup>5</sup>		Debt Repayments	
Child Support		Other Expenses	
Other Resources: (specify below)			
Total Resources		Total Expenses	

1 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. Detail is important so we get an accurate picture of your situation.

2 This line is for loans taken out by your parents to assist in your education.

3 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.

4 Indicate per year or one-time.

5 Indicate per year or one-time.

One of our main 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. This information will be held in the strictest confidence. Add additional pages if you need to. \_\_\_\_\_

## **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 but 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)

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Date

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Your Signature

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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  
PO Box 4  
Vashon, WA 98070

You can also email your application and all attachments to: [helenclancyfound@gmail.com](mailto:helenclancyfound@gmail.com)

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 the selection process, please contact David F. Cooper at (206) 463-3608 or email him at [HelenClancyFound@gmail.com](mailto:HelenClancyFound@gmail.com)

**All applications must be postmarked or otherwise submitted by April 3, 2026 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

THANKS AND GOOD LUCK!