

# *Stanislaus County Scholarship Foundation*

1100 H Street Modesto, CA 95354 Tel. (209) 238-1711 FAX (209) 238-4201

TO: High School Counselors in Stanislaus County

FROM: Chairperson  
*Stanislaus County Scholarship Advisory Committee*

SUBJECT: **THE JOHN B. ALLARD SCHOLARSHIP**

The Stanislaus County Scholarship Advisory Committee is pleased to announce that the John B. Allard scholarship will be made available to a graduating senior who qualifies.

The John B. Allard Scholarship will be awarded to a senior student who plans a career in education. **ONLY APPLICANTS PURSUING A CAREER IN EDUCATION** (i.e., teaching, administration, instructional aide, etc.) **WILL BE CONSIDERED.**

The recipient will be expected to attend either a two- or a four-year college or university. The criteria for qualification are a 2.8 grade point average during the sophomore and junior years and demonstrated leadership and participation in school activities.

## **Criteria and Scholarship Information**

1. The Scholarship Advisory Committee will annually award the scholarship.
2. The amount of the scholarship will be \$300.
3. Scholarships will be awarded to graduating seniors in high schools throughout Stanislaus County.
4. A minimum of one scholarship will be offered each year. The number will increase as funds become available.
5. **Application deadline is March 25, 2024.** Scholarships will be announced the first week in May.
6. Send completed letters of application to:

Stanislaus County Office of Education  
Attn: Scholarship Advisory Committee, Superintendent's Office  
U.S. Mail: 1100 H Street, Modesto, CA 95354  
or  
School Route: #000

cc: District Superintendents  
High School Principals

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## APPLICATION for the JOHN B. ALLARD SCHOLARSHIP

**NOTE: Only applicants pursuing a career in Education should apply.**

### TYPE

Name \_\_\_\_\_  
First, Last

Home Address \_\_\_\_\_  
Street, City, Zip

Phone Number \_\_\_\_\_

High School Attending \_\_\_\_\_

School Address \_\_\_\_\_  
Street, City, Zip

Principal's Name \_\_\_\_\_  
First Name, Last Name

Counselor's Name \_\_\_\_\_  
First Name, Last Name Phone Number

Planning to Attend: \_\_\_\_\_  
(List name of College or University)

### PLEASE ATTACH TO THIS APPLICATION:

- a. Autobiographical essay (including activities and future plans).
- b. Two letters of character references.
- c. Transcript from the sophomore and junior year to verify grade point average.

To apply, [enter your information here](#) and send completed application  
by 5 P.M. on **March 25, 2024** to:

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Attn: Scholarship Advisory Committee, Superintendent's Office  
U.S. Mail: 1100 H Street, Modesto, CA 95354  
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