



Standard Scholarship Application

(Please print neatly using blue or black ink)

This Application is to be used with scholarship "Cover Sheets"

Personal Information

1. Applicants Name: _____
First Last Middle
2. Mailing Address: _____ APT _____
3. Phone Number: (____) _____ Cell Number: (____) _____ Texts Okay? YES NO
4. Email Address: (This will be a primary form of contact) _____
5. Date of Birth: (mm/dd/yyyy) _____ AGE _____ GENDER: MALE FEMALE
6. Student ID #: _____ Grade Point Average (4.0 Scale): _____
7. Please Check If Applicable
 - Graduating senior in good standing
 - A resident of Monterey County
 - A citizen of the United States
 - A legal resident, if not a citizen
 - Admitted as a full-time student into an accredited four-year college or university in the state of California
 - Admitted as a full time student into a Community College
 - Admitted into a Tech/Trade School Is it accredited? YES NO

College & University Information

1. What college or university will you most likely attend in the Fall of 2020? _____

2. What is your second choice? _____
3. What major(s) are you interested in pursuing? _____

APPLICANT NAME _____ ID # _____



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4. If you are attending a Community College, indicate your plan below.

- Transfer to a 4-year college
- Only complete an Associate degree
- Only complete a certificated program
- Other (please explain): _____

5. Have you participated in any of the following programs? (EAOP, Upward Bound, Link Crew) If possible, include the month and year you began. Use additional sheet if necessary.

- No, I have not
- EAOP since _____
- Upward Bound since _____
- Link Crew since _____

6. Have you participated in sports or clubs? (On or off campus) YES NO

List Sport(s): _____ how many years? _____ Team Captain? YES NO

_____ how many years? _____ Team Captain? YES NO

List Club(s): _____ how many years? _____ Held Office? YES NO

_____ how many years? _____ Held Office? YES NO

7. List school and community achievements and activities _____

8. Special circumstances applicable to eligibility for scholarship you are applying for: _____

9. Community Service Hours to Date: _____ **Today's Date:** _____

10. Elementary School Attended: _____

11. Middle School Attended: _____

APPLICANT NAME _____ ID # _____



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Financial Information:

- 1. What is your parents' total annual income? \$ _____
- 2. How many people are in your family (including yourself)? _____
- 3. If you work, where are you employed? _____ How long? _____

How many hours a week do you work? _____ What is your weekly income? \$ _____

- 4. Do you have other siblings in college? YES NO If yes, how many? _____

5. **Scholarships** - Please indicate below the titles of other scholarships in which you have applied or intend to, including the potential award amount or range. This may include private scholarships provided by your college or university.

- Scholarship: _____ \$ _____ Received Applied
- Scholarship: _____ \$ _____ Received Applied
- Scholarship: _____ \$ _____ Received Applied

6. **Other Sources of Aid** – Please provide estimates of additional aid you may receive in the 2020-21 academic year.

- Pell Grant \$ _____ Cal-Grant \$ _____ Other Grants \$ _____

Family Contribution (EFC): \$ _____ This dollar amount may be found on your FAFSA Student Aid Report (SAR) or Dream Act Application confirmation page. Please attach a hard copy of your EFC – one per foundation.

- Savings: \$ _____ Relative Contribution: \$ _____ Inheritance: \$ _____
- Other: _____ \$ _____

By signing below, you declare that the information stated in this scholarship application is true, correct, and accurate to the best of your knowledge and ability.

Signed: _____ Date _____
Student Signature

Signed: _____ Date _____
Parent Signature

APPLICANT NAME _____ ID # _____