



RE-ENTRY STUDENT SCHOLARSHIP APPLICATION
 Incomplete application packages will not be considered
 Application Deadline: Monday, March 5th, 2012 5:00 p.m.
 Postmarks not accepted

Scholarship awards are decided based on a competitive process which considers academic achievement, extracurricular activities, a statement of the applicant's personal aspirations and goals, and financial need. They are made at the discretion of the Community Foundation's Board of Directors based on advisory committee recommendations. Awards are made without regard to race, creed, color, gender, religion or national origin unless tied to specific scholarship eligibility criteria. Single year awards vary in size from \$1,000 to \$10,000, depending on the amount available in each particular fund. Individuals who are current (or who are related to) staff, volunteers, or board members of Community Foundation are not eligible to apply. In addition, individuals who are related to scholarship fund representatives are not eligible to apply for that particular scholarship.

Please check here if you have previously applied.

ELIGIBILITY CHECKLIST: To help us identify scholarships for which you may be eligible, please check all the boxes that apply to you:

- | | |
|---|--|
| 1. I am a resident of _____ County. | 6. I am pursuing a career in a health profession. |
| 2. I am a resident of the Dry Creek Valley Watershed. | 7. I am of African American descent. |
| 3. I attended Lawrence Cook Middle School. | 8. I am of Hispanic descent. |
| 4. I am an employee or a child of an employee of La Tortilla Factory. | 9. I am a re-entry student who has been out of school 4 years or more. |
| 5. I am planning a career in estate planning (business, law or accounting). | 10. I am the first in my immediate family to attend college. |

APPLICANT DATA: Last Name _____ First _____ MI _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____ C _____ Cell Phone _____

E-mail Address _____ Social Security Number _____

DOB: _____ / _____ / _____ M F
 Month Day Year

NAME OF SCHOOL LAST ATTENDED:

School Name _____ Graduation Date: Month _____ Year _____

City _____ State _____ Telephone _____

OR

G.E.D. DATE: Month _____ Year _____

COLLEGE DATA : Name of college you will attend in the fall, 2012. Use official school names. Please do not abbreviate.

School Name _____ Expected Graduation Date: Month _____ Year _____

City _____ State _____ Telephone _____

If previously attended college, what was your college g.p.a.? General Education: _____ Major: _____

School is: 4-year college/university 2-year college vocational school
 other (describe) _____

Fall 2012 I will be a: freshman sophomore junior senior other (describe) _____

Field of study: _____

Will you be attending school full time? Yes No If no, please explain: _____

Student will: live on campus live off campus commute from home

ACTIVITIES: List activities you have been involved in during the last 4 years and use the drop down arrows to indicate the number of hours involved in each activity.

Community-Based Activities:

Community Service:	# of Hours	Religious Organizations	# of Hours	Volunteer Work	# of Hours

Causes	# of Hours	Non-Paid Internships	# of Hours	Commitments	# of Hours

EMPLOYMENT HISTORY: List any paying jobs you've held.

EMPLOYER	POSITION	HOURS PER WEEK	DATES OF EMPLOYMENT (MONTH/YEAR)
EXAMPLE: Starbucks	Clerk	25	09/08 through 10/09

CAREER GOALS: (Brief statement of your plans as they relate to your educational and career objectives)

OTHER CONSIDERATIONS: List any special family or personal circumstances that should be considered. (Examples: loss of parent in recent years; excessive medical expenses; student is single-parent head of household; additional expenses due to a physical disability). Divorce is not considered a special circumstance.

FINANCIAL INFORMATION: Evidence of financial need must be submitted with all application packets. To determine financial need, the Community Foundation requires the Student Aid Report (S.A.R.) which you receive after applying for federal financial aid. Apply for federal financial aid as early in January as possible. When you receive your 2012-2013 Student Aid Report (S.A.R.), enclose a copy of all S.A.R. pages, **not the FAFSA application**, with your scholarship application packet (updated information regarding your FAFSA application can be found online at www.fafsa.ed.gov/). We are unable to accept the 2011-2012 S.A.R. or tax form 1040 for this year's financial information. Please submit only current information.

To be considered for a Community Foundation scholarship, the following financial information must be filled out completely.

- A. Total number of people to be supported by head(s) of household in 2012/2013..... _____
- B. Adjusted Gross Income (Form 1040) in 2011..... _____
- C. Total Federal Tax Paid (Form 1040) in 2011..... _____
- D. Student's gross 2011 income (before taxes) (if not head of household)..... _____
- E. Student's **total** cash assets (if not head of household)..... _____
- F. Total Cash, Checking, Savings, and value of Stocks (exclude retirement plan funds, IRA,401K)..... _____
- G. Total number of family members attending college, at least half-time, during the 2012-2013 school year, including applicant _____
- H. Medical and Dental expenses not paid by insurance (exclude premiums)..... _____

OTHER AWARDS: Please list the name and annual amount of any grants or scholarships you have been awarded for the 2012-2013 school year only.

Name of Award:	School to which award will be applied:	Amount

REMEMBER TO INCLUDE:

- Completed & signed 2012 application
- Most recent school transcript
- Student Aid Report (S.A.R.)**
- Personal Statement
- Supplemental material, as required
- Scholarships Check List 2012

CERTIFICATION: I certify that I am a resident of _____ County and that all information on this form is true and complete and am not related to scholarship fund representatives or committee members, to the best of my knowledge. I understand that I may be asked to provide proof of information stated on the form, including a copy of my most recent U.S. Income Tax re turn, and if I do not provide this proof on request, I will not be considered for scholarship aid. Falsification of information will result in the termination of any scholarship granted. I certify that, to the best of my knowledge, I am not related to staff, volunteers, or board members of Community Foundation Sonoma County. This application becomes the property of Community Foundation Sonoma County, which reserves the right to not process applications found to be incomplete as of the application deadline.

In signing this application form, I hereby authorize the college I will attend in the 2012-2013 school year to release information on financial aid awarded to me by the college and other sources to Community Foundation Sonoma County Scholarship Program.

Student Signature

Date