

ASSISTANCE LEAGUE® OF GREATER PLACER 2021 SCHOLARSHIP APPLICATION FOR KOINONIA, CONFLUENCE, MAIDU, ADELANTE, INDEPENDENCE, VICTORY and ROCKLIN ALTERNATIVE EDUCATION CENTER (RAEC)

Complete and rename this application by replacing "applicant" with your name. Then email it to your high school counselor by Monday, May 10, 2021. The counselor will review it and email the completed application and the required attachment to scholarships@algreaterplacer.org by Tuesday, May 11.

If a question on this application does not apply to you, write N/A.

1	Last Name	First Name		
2	Mailing Address Street			
	City	State	ZIP	
3	Home Telephone Number ()	Cell ()	
	*Email address (*not school email)			
	Preferred method of contact text email	mobile	home	
4	Indicate current high school			Number of years attended
	KoinoniaConfluenceMaidu _	Adelante	eIndependence	HS
	VictoryRAEC			
	CounselorTeacher/Ad	visor		
5	I will be attending the following college/university/trade so	hool in the <u>Su</u>	mmer or Fall of 2021	
	Name of college/university/trade school			
	Street Address			
	City, State and Zip Code			
			Phone	

6	Grade Point Average (GPA): (On a 4.0 scale)	
	Date of Graduation Type of Diploma	
7	ntact information of parent(s) or legal guardian(s): me of parent/legal guardian 1 dress of parent/legal guardian 1 if different from above	
	Street City State ZIP Home phone of parent/legal guardian 1	
	Cell phone of parent/legal guardian 1	
	Name of parent/legal guardian 2 Address of parent/legal guardian 2 if different from above	
	Street City State ZIP Home phone of parent/legal guardian 2	
	Cell phone of parent/legal guardian 2	
8	Indicate the highest level of education of parent/legal guardian 1ElementaryMiddle SchoolHigh SchoolTrade School Years in college1234BA/BS DegreePostgraduate Degree Indicate the highest level of education of parent/legal guardian 2ElementaryMiddle SchoolHigh SchoolTrade School	
	Years in college1234BA/BS DegreePostgraduate Degree	
9	The following information is requested because some donors and grants request this for funding. I identify my ethnicity as: (select all that apply)	
	AsianNative AmericanOther (specify below)	
	Black/African American Pacific Islander Hispanic/Latino Prefer not to answer	
	I have childhood experience with: (select all that apply)	
	Homelessness Emotional abuse or neglect Physical abuse or neglect Sexual abuse Parent treated violently Household substance abuse Household mental illness Foster Care Parental separation or divorce Incarcerated household member Prefer not to answer	

10	EMPLOYMENT List any paying jobs including dates and length of employment.
11	EXTRA-CURRICULAR ACTIVITIES List school extra-curricular activities in which you have participated. Note leadership roles and dates.
12	ORGANIZATIONS List community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
13	RECOGNITIONS List important awards and recognitions received. Name the organizations presenting the honor and date awarded.
14	EDUCATIONAL GOALS
	 I plan to attend a 1 to 2-year program in a vocational school and graduate with a certification or license. I plan to attend a 2-year community college and graduate with an Associate's Degree. I plan to attend a 4-year college or university and graduate with a Bachelor of Arts or Bachelor of Science degree.
	I plan to attend a 2-year community college and then transfer to a 4-year college or university Other (Please explain)
15	FINANCES How do you plan to pay for college? What resources are available to you?
16	OTHER SCHOLARSHIP OR GRANT APPLICATIONS
	List date you submitted (online) the Free Application for Federal Student Aid (FAFSA)
	Have you submitted other scholarship applications? <u>Yes</u> No List applications submitted and funding received, if any.

17	PERSONAL ESSAY Please answer the following questions as part of your essay. Maximum 1000 words.		
	1) Describe your greatest challenge and how you overcame it.		
	2) What is the most important thing we should know about you?		
	3) What do you want to study and why?		
	4) Why do you want this scholarship?		

18	 The following items must be submitted with this application in order for the application to be considered by the scholarship committee. Your application will be returned to you if these items are not submitted with your application. (No exceptions.) Student and Counselor must check <u>X</u>YES or <u>X</u>NO to indicate attachment is included.
	Two letters of recommendation from non-family members (teachers, counselors, principal, community leaders) familiar with your community service and other activities and achievements.
	StudentYESNO CounselorYESNO
	Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for interview.
	StudentYESNO CounselorYESNO
	Proof of submission of the Free Application for Federal Student Aid (FAFSA).
	StudentYESNO CounselorYESNO
	Most recent high school transcript. (Provided by the counselor)
	CounselorYESNO
	Recent photo of yourself.
	StudentYESNO CounselorYESNO
19	I have answered N/A above for all questions 1-18 that do not apply to me. (Counselor must affirm.)

 Student
 YES
 NO
 Counselor
 YES

STATEMENT OF ACCURACY

I affirm that all the above stated information provided by me to Assistance League of Greater Placer Scholarship Committee is true, correct and without forgery. <u>I understand that the selection committee will</u> <u>not consider an application if any information is missing. I also understand that I will be contacted</u> <u>for a personal interview with the selection committee.</u>

I understand that if chosen as a scholarship recipient, according to Assistance League of Greater Placer's scholarship policy, I must be enrolled/registered at the post-secondary institution of my choice before scholarship funds can be awarded. If chosen as a scholarship recipient, I consent to communicate with a mentor assigned to me through the Assistance League of Greater Placer Scholarship Program.

Signature of scholarship applicant

_____ Date (Your typed name will serve as your signature.) NO

The high school counselor must email the completed application and all required attachments to scholarships@algreaterplacer.org by Tuesday, May 11, 2021.