



2023 SCHOLARSHIP APPLICATION

**FOR KOINONIA, CONFLUENCE, MAIDU, ADELANTE, INDEPENDENCE, VICTORY
and ROCKLIN ALTERNATIVE EDUCATION CENTER (RAEC)**

Download, complete and email this application to your high school counselor by **Monday, May 8, 2023**. The counselor will review it and email the completed application and the required attachments to scholarships@algreaterplacer.org by Wednesday, May 10, 2023.

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

1	First Name	Last Name	Birthdate
2	<p>Contact Information</p> <p>Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>*Email address _____ (*not school email)</p> <p>Preferred method of contact <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> cell phone <input type="checkbox"/> home phone</p>		
3	<p>Indicate current high school</p> <p><input type="checkbox"/> Koinonia <input type="checkbox"/> Confluence <input type="checkbox"/> Maidu <input type="checkbox"/> Adelante</p> <p><input type="checkbox"/> RAEC <input type="checkbox"/> Independence <input type="checkbox"/> Victory</p> <p>Counselor _____ Teacher/Advisor _____</p> <p>Overall GPA _____ Graduation date _____ Type of Diploma _____</p> <p>Number of years you attended this high school _____</p>		

4	<p>I will be attending _____ in Fall 2023. <small>Name of college/university/trade school</small></p> <p>School Address</p> <p>Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>Phone _____</p>
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5	<p>Contact information of parent(s) or legal guardian(s):</p> <p>Name of parent/legal guardian 1 _____</p> <p>Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Name of parent/legal guardian 2 _____</p> <p>Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>Home Phone _____ Cell Phone _____</p>
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6	<p>Indicate the highest level of education of parent/legal guardian 1</p> <p> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Trade School </p> <p> Years in college <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AA Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Postgraduate Degree </p> <p>Indicate the highest level of education of parent/legal guardian 2</p> <p> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Trade School </p> <p> Years in college <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AA Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Postgraduate Degree </p>
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7	<p>The following information is requested because some donors and grants request this for funding.</p> <p>I identify my ethnicity as (select all that apply):</p> <p> <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Prefer not to answer </p> <p>I have childhood experience with (select all that apply):</p> <p> <input type="checkbox"/> Homelessness <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Physical abuse or neglect <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Parent treated violently <input type="checkbox"/> Household substance abuse <input type="checkbox"/> Household mental illness <input type="checkbox"/> Foster care <input type="checkbox"/> Parental separation or divorce <input type="checkbox"/> Incarcerated household member <input type="checkbox"/> Prefer not to answer </p>
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8	<p>EMPLOYMENT HISTORY List full and part-time employment</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 35%;">Employer name / business</th> <th style="width: 35%;">Your position</th> <th style="width: 30%;">Dates of employment</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Employer name / business	Your position	Dates of employment									
Employer name / business	Your position	Dates of employment											
9	<p>EXTRA-CURRICULAR ACTIVITIES List school extra-curricular activities in which you have participated. Note leadership roles and dates.</p>												
10	<p>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.</p>												
11	<p>RECOGNITIONS List important awards and recognitions received. Name the organizations presenting the honor and date awarded.</p>												

12	<p>EDUCATIONAL GOALS</p> <p><input type="checkbox"/> I plan to attend a 1 to 2-year program in a vocational school and graduate with a certification or license.</p> <p><input type="checkbox"/> I plan to attend a 2-year community college and graduate with an Associate's Degree.</p> <p><input type="checkbox"/> I plan to attend a 4-year college or university and graduate with a Bachelor of Arts or Bachelor of Science degree.</p> <p><input type="checkbox"/> I plan to attend a 2-year community college and then transfer to a 4-year college or university.</p> <p><input type="checkbox"/> Other (Please explain) _____</p>
13	<p>FINANCES How do you plan to pay for college? What resources are available to you?</p>
14	<p>OTHER SCHOLARSHIP OR GRANT APPLICATIONS</p> <p>Date you submitted (online) the Free Application for Federal Student Aid (FAFSA) _____</p> <p>Have you submitted other scholarship applications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List applications submitted and funding received, if any.</p> <p>_____</p> <p>_____</p> <p>_____</p>

15 **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?

16	The items in Section #16 below MUST be submitted with this application. Student and Counselor must check <input type="checkbox"/> YES.
	Two letters of recommendation from non-family members (teachers, counselors, principal, community leaders) familiar with your community service and other activities and achievements. Student <input type="checkbox"/> YES Counselor <input type="checkbox"/> YES
	Proof of college acceptance or current student enrollment. Student <input type="checkbox"/> YES Counselor <input type="checkbox"/> YES
	Proof of submission of the Free Application for Federal Student Aid (FAFSA). Student <input type="checkbox"/> YES Counselor <input type="checkbox"/> YES
	Most recent high school transcript. (Provided by the counselor) Counselor <input type="checkbox"/> YES
	Recent photo of yourself. Student <input type="checkbox"/> YES Counselor <input type="checkbox"/> YES
17	I have answered N/A above for all questions 1-16 that do not apply to me. (Counselor must affirm.) Student <input type="checkbox"/> YES Counselor <input type="checkbox"/> 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. **I understand that the selection committee will not consider an application if any information is missing. I understand that I will be contacted for a personal interview with the selection committee.**

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 agree 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.)

The high school counselor must email the completed application and all required attachments to scholarships@algreaterplacer.org by Wednesday, May 10, 2023.