



## 2024 SCHOLARSHIP APPLICATION

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

Download, complete and email this application to your high school counselor by **April 1, 2024**. The counselor will review it and email the completed application and the required attachments to [scholarships@algreaterplacer.org](mailto:scholarships@algreaterplacer.org) by April 8, 2024.

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

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

4 I will be attending \_\_\_\_\_ in Fall 2024.  
Name of college/university/trade school

School Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

5 Contact information of parent(s) or legal guardian(s):

**Name of parent/legal guardian 1** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name of parent/legal guardian 2** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

6 Indicate the highest level of education of **parent/legal guardian 1**

Elementary     Middle School     High School     Trade School

Years in college     1     2     3     4     AA Degree     BA/BS Degree     Postgraduate Degree

Indicate the highest level of education of **parent/legal guardian 2**

Elementary     Middle School     High School     Trade School

Years in college     1     2     3     4     AA Degree     BA/BS Degree     Postgraduate Degree

7 The following information is requested because some donors and grants request this for funding.

I identify my ethnicity as (select all that apply):

- Asian     Native American     Black/African American     Pacific Islander  
 Hispanic/Latino     Other (specify) \_\_\_\_\_  
 Prefer not to answer

I have childhood experience with (select all that apply):

- Homelessness     Emotional abuse     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

8 **EMPLOYMENT HISTORY** List full and part-time employment

Employer name / business	Your position	Dates of employment

9 **EXTRA-CURRICULAR ACTIVITIES** List school extra-curricular activities in which you have participated. Note leadership roles and dates.

10 **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.

11 **RECOGNITIONS** List important awards and recognitions received. Name the organizations presenting the honor and date awarded.

12	<p><b>EDUCATIONAL GOALS</b></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><b>FINANCES</b> How do you plan to pay for college? What resources are available to you?</p>
14	<p><b>OTHER SCHOLARSHIP OR GRANT APPLICATIONS</b></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	<p>The items in Section #16 below <b>MUST</b> be submitted with this application.</p> <p>Student and Counselor must check <input type="checkbox"/> YES.</p> <hr/> <p>Two letters of recommendation from non-family members (teachers, counselors, principal, community leaders) familiar with your community service and other activities and achievements.</p> <p>Student <input type="checkbox"/> YES    Counselor <input type="checkbox"/> YES</p> <hr/> <p>Proof of college acceptance or current student enrollment.</p> <p>Student <input type="checkbox"/> YES    Counselor <input type="checkbox"/> YES</p> <hr/> <p>Proof of submission of the Free Application for Federal Student Aid (FAFSA).</p> <p>Student <input type="checkbox"/> YES    Counselor <input type="checkbox"/> YES</p> <hr/> <p>Most recent high school transcript. (Provided by the counselor)</p> <p>Counselor <input type="checkbox"/> YES</p> <hr/> <p>Recent photo of yourself.</p> <p>Student <input type="checkbox"/> YES    Counselor <input type="checkbox"/> YES</p>
17	<p><b>I have answered N/A above for all questions 1-16 that do not apply to me. (Counselor must affirm.)</b></p> <p>Student <input type="checkbox"/> YES    Counselor <input type="checkbox"/> YES</p>

**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](mailto:scholarships@algreaterplacer.org) by April 8, 2024.