

DEADLINE: Postmarked by March 3rd, 2011
Type or print legibly. Blue or black ink only. Please COMPLETE all sections.

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Social Security No:	
Street Address:			Apartment/Unit #:
City:			ZIP:
Home Phone: () - Cell Phone: () - E-mail:			
Parent/Guardian Contact	Name:	Phone: () - Cell Phone: () -	
Are you a 1 st generation college student?		Yes <input type="checkbox"/> No <input type="checkbox"/>	- First-Generation means neither of your parents received a bachelor's degree. - Students will be considered for the AACE TS/ AACE UB/ SFCAC scholarship regardless of citizenship status.
Are you a citizen or permanent resident of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION		
High School:	CAL-GRANT GPA:	
Please list 2 Colleges/Universities you plan to attend in 2011-2012:	1.	2.
What Degree will you be pursuing? <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's	Enrollment Status: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES/COMMUNITY SERVICE/HONORS AND AWARDS*		
Dates of Participation	Organization/Sponsor	Description of your role, responsibilities and contribution

**If needed, please add more information on an additional sheet of paper*

EMPLOYMENT	
Do you work during the academic year?	Yes ____ No ____
If Yes, how many hours per week?	
Estimate your monthly income:	\$
Job Title:	Responsibilities:

LIST ANY SCHOLARSHIPS YOU HAVE APPLIED TO AND/OR WILL RECEIVE FOR THE 2011-2012 ACADEMIC YEAR			
Name of Scholarship	Source (Name of Organization, College)	Amount (\$)	Received?
			Yes ____ or No ____
			Yes ____ or No ____
			Yes ____ or No ____

**If needed, please add more information on an additional sheet of paper*

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APPLICANT NAME:	
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DEMOGRAPHIC INFORMATION	
ETHNICITY (Please select ONE)	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Decline to State	
RACE (Select ONE Regardless of Ethnicity)	
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black / African America	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Decline to State	
<u>If you selected Asian, please specify a group:</u>	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Laotian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other
<input type="checkbox"/> Filipino	<input type="checkbox"/> Hmong
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian

SOCIO-ECONOMIC STATUS	
Please fill out this section with a parent or guardian if you are a dependent. Use the most recent income tax information or estimated current year values. If you are a financially independent student, please report your own income and those of the spouse if married. Do not leave any lines blank. All information will be kept confidential. Thank you.	
(1) Projected EFC (Estimated Family Contribution) according to student applicant's FAFSA (attach documentation): _____	
(2) Number of dependents the student applicant's parents/guardian are currently supporting (including yourself): _____	
(3) Is the student applicant a recipient of CAL WORKS (formerly AFDC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is the student applicant a recipient of Supplemental Security Income Program (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Is the student applicant a recipient of General Assistance Program (GA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Is the student applicant a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Is the student applicant an immigrant to this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Are/Is the student applicant's parent(s) immigrants to this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Is the student applicant a foster youth or ward of the court?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ESSAY: AACE TS/AACE UB/SFCAC SUPPORT LOW-INCOME, FIRST-GENERATION COLLEGE STUDENTS IN ACCESSING HIGHER EDUCATION. AS A COMMUNITY-BASED ORGANIZATION, WE ENCOURAGE AND PRACTICE COMMUNITY INVOLVEMENT.

WITH THIS IN MIND, **PLEASE ANSWER BOTH QUESTIONS BELOW. EACH ESSAY MUST BE TYPED ON A SEPARATE SHEET OF PAPER AND FOLLOW THE 500 WORD LIMIT.**

Question 1:

Community can mean many different things (family, school, work, volunteer service, sports, church, etc.). How have you contributed to your community? And, how do you hope to continue your involvement with your community? *(limit 500 words)*

Question 2:

Discuss the academic subjects in which you had difficulty. What factors do you believe contributed to your difficulties? How have you dealt with them so they will not cause problems for you again? *(limit 500 words)*

DISCLAIMER AND SIGNATURE

- I certify that all my answers in this scholarship application are true and complete to the best of my knowledge.

- I understand that excerpts from my application essays may be used for promotional purposes for future scholarship competitions.

- I agree to share all reported data (and data requested hereafter from AACE TS/AACE UB/SFCAC in regards to the scholarship) with the College Access Foundation of California.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date

Recommendation Form # 1

To the Applicant

INSTRUCTION TO THE APPLICANT: Please complete Section A before giving this form to the recommender. The recommender should be a teacher or counselor who knows you well.

Last Name:	First:	M.I.:
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School of Attendance:

WAIVER OPTION

The Family Education Rights and Privacy Act of 1974 open many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Student Signature:	Date:
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To the Recommender: When completed, please place in a sealed envelope with your signature across the back seal and return to applicant before March 3rd, 2011.

Recommender's Name:	Position:
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School/Organization:	Phone:	Email:
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Relation to Applicant:	How long have you known the applicant?
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Category	Needs Improvement	Good	Outstanding	No basis for judgment
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ACADEMIC CHARACTERISTICS

Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS

Self Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LETTER OF RECOMMENDATION

We are interested in obtaining a comprehensive profile of the applicant's capacity. Please attach a letter to this form that will provide us your assessment of the student's **potential persistence and resiliency** for undertaking work in college.

Recommender's Signature:	Date:
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Recommendation Form # 2

To the Applicant

INSTRUCTION TO THE APPLICANT: Please complete Section A before giving this form to the recommender. The recommender should be a teacher or counselor who knows you well.

Last Name:	First:	M.I.:
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School of Attendance:

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Recommender's Name:	Position:
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School/Organization:	Phone:	Email:
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Relation to Applicant:	How long have you known the applicant?
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Category	Needs Improvement	Good	Outstanding	No basis for judgment
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Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS

Self Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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