



2012-2013 School Year

AACE Educational Talent Search / AACE Upward Bound / SF College Access Center New Student Recipient Application

About the AACE TS/AACE UB/SFCAC Scholarship

- The AACE TS/AACE UB/SFCAC Scholarship Fund is a grant provided by the College Access Foundation of CA to provide financial assistance to low-income and first-generation college students, regardless of gender, ethnicity, religion, and sexual orientation. **Awards will range from \$1,000 – \$5,000.**
- AACE Educational Talent Search (AACE TS) – Funded since 1979 by the U.S. Department of Education. AACE TS is a program that identifies, selects and assists low-income youth ages 11 and older, who have the potential to be the first generation in their family to attend college.
- Upward Bound (AACE UB) – AACE UB is a federal pre-college TRIO Program funded by the U.S. Department of Education. AACE UB provides comprehensive college and career preparation for high school students in San Francisco. The program targets low-income high school students who represent the first generation of college bound students in their respective families.
- The San Francisco College Access Center’s (SFCAC) – SFCAC is a Cal-SOAP project whose mission is to provide culturally relevant and comprehensive college preparation information to low-income students who would be the first in their family to attend college.

Scholarship Eligibility

- High School Senior enrolled in AACE UB **or** a High School Senior served by the AACE TS or SFCAC program: Balboa, Burton, Galileo, Marshall, Mission, Washington or Jefferson (Daly City)
- Minimum GPA of 2.0 (9-12th grades NOT including PE/ROTC, Health Ed, or Drivers Ed)
- Will Be Enrolled Full-Time at a 2-year or 4-year College or University for the Academic Year 2012-2013
- Must Demonstrate Financial Need and/or Be a First-Generation College Student
- Students will be considered for the AACE TS/AACE UB/SFCAC scholarship regardless of citizenship status

Scholarship Application Package – Must Submit the Following Documents:

| | |
|--|--|
| <input type="checkbox"/> Completed AACE TS/AACE UB/SFCAC Program Intake with Student and Parent Signatures | |
| <input type="checkbox"/> Complete AACE TS/AACE UB/SFCAC Scholarship Application with Student and Parent Signatures | |
| <input type="checkbox"/> Two Short Essays | <input type="checkbox"/> Two Letters of Recommendation |
| <input type="checkbox"/> Copy of Unofficial Transcript (including Senior Year Fall Semester) | |
| <input type="checkbox"/> Copy of Completed FAFSA or Student Aid Report | <input type="checkbox"/> Copy of Completed Cal-Grant GPA Verification Form |
| <input type="checkbox"/> Document Demonstrating Financial Need | (Ex. Free or Reduced Lunch Card, Subsidized Housing, Food Stamps, General Assistance, Federal Tax Return Forms - 1040 or 1040A - or Other) |

* Undocumented students: Please consult with the AACE TS/AACE UB/SFCAC Advisor at your school for more information.

DEADLINE: Applications must be postmarked by **March 5, 2012**

Award letters will be mailed to students early May.

AACE UB STUDENTS:

Submit Application to your Educational Advisor
OR
MAIL TO: AACE UB
ATTN: New Scholarship
2012 Pine St, San Francisco, CA 94115

AACE TS/SFCAC STUDENTS:

Submit Application to your Educational Advisor
OR
MAIL TO: AACE TS/SFCAC
ATTN: New Scholarship
1596 Post St, San Francisco, CA 94109

DEADLINE: Postmarked by March 5, 2012

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 2012-2013: | | | 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 2012-2013 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*

DEADLINE: Postmarked by March 5, 2012
Type or print legibly. Blue or black ink only. Please fill out ALL sections.

APPLICANT NAME: _____

DEMOGRAPHIC INFORMATION

ETHNICITY (Please select ONE)

- Hispanic / Latino Not Hispanic or Latino Decline to State

RACE (Select ONE Regardless of Ethnicity)

- American Indian / Alaska Native Asian Black / African America Native Hawaiian / Other Pacific Islander
 White Two or More Races Decline to State

If you selected Asian, please specify a group:

- Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian
 Filipino Hmong Hawaiian Guamanian Samoan Tahitian Other

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)? Yes No
- (4) Is the student applicant a recipient of Supplemental Security Income Program (SSI)? Yes No
- (5) Is the student applicant a recipient of General Assistance Program (GA)? Yes No
- (6) Is the student applicant a single parent? Yes No
- (7) Is the student applicant an immigrant to this country? Yes No
- (8) Are/Is the student applicant's parent(s) immigrants to this country? Yes No
- (9) Is the student applicant a foster youth or ward of the court? Yes No

DEADLINE: Postmarked by March 5, 2012
Type or print legibly. Blue or black ink only. Please fill out ALL sections.

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.: |
| 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: |
|--------------------|-------|

To the Recommender: When completed, please place in a sealed envelope with your signature across the back seal and return to applicant before March 5, 2012.

| | | |
|------------------------|--|--------|
| Recommender's Name: | Position: | |
| School/Organization: | Phone: | Email: |
| Relation to Applicant: | How long have you known the applicant? | |

| Category | Needs Improvement | Good | Outstanding | No basis for judgment |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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: |
|--------------------------|-------|

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.: |
|------------|--------|-------|

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: |
|--------------------|-------|

To the Recommender: When completed, please place in a sealed envelope with your signature across the back seal and return to applicant before March 5, 2012.

| | |
|---------------------|-----------|
| Recommender's Name: | Position: |
|---------------------|-----------|

| | | |
|----------------------|--------|--------|
| School/Organization: | Phone: | Email: |
|----------------------|--------|--------|

| | |
|------------------------|--|
| Relation to Applicant: | How long have you known the applicant? |
|------------------------|--|

| Category | Needs Improvement | Good | Outstanding | No basis for judgment |
|----------|-------------------|------|-------------|-----------------------|
|----------|-------------------|------|-------------|-----------------------|

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: |
|--------------------------|-------|



COLLEGE ACCESS
FOUNDATION
of California

Opportunities for Students

Release of Confidential Information to Authorized Persons/Organizations

By signing and submitting this form, I authorize Japanese Community Youth Council (JCYC) Educational Hub to share all information held by JCYC Educational Hub relating to me, including all information I provide in my application including, but not limited to, personal information, such as my name, mailing address, email address and date of birth, and information relating to any financial aid awarded to me and my attendance at any higher education institution (together, my "Personal Information"), with the College Access Foundation of California ("CAFC") for the purpose of researching and evaluating scholarships and programs, and to better enable young people to attend college and university. I further authorize CAFC to share my Personal Information (including my name and birth date) with the National Student Clearinghouse in order to verify my enrollment in and attendance at any higher education program to which I am admitted. I also authorize CAFC to share relevant portions of my Personal Information with (i) governmental agencies responsible for administering public financial aid programs, including the California Student Aid Commission, so that CAFC can obtain information on financial aid I receive or to which I may be entitled, (ii) any higher education institution to which I am admitted so that CAFC can verify my enrollment and obtain information on my academic progress (including transcripts), (iii) CAFC's third party service providers, such as CAFC's or JCYC Educational Hub's data management system provider, (iv) research institutions which undertake research on strategies to increase access to and successful completion of higher education programs, where transcripts and similar information are analyzed by such research institutions so that CAFC can obtain information on my academic progress towards a degree or transfer to a four-year degree awarding institution, and (v) any other administrative, law enforcement or governmental agencies to the extent required by order or requirement of a court or such administrative, law enforcement or governmental agency.

CAFC monitors the progress of students who receive scholarships funded by it and students served by its grantees and partner organizations so that CAFC can better evaluate the effectiveness of these scholarships and other sources of financial aid in light of its charitable mission. As part of the monitoring process, CAFC may share aggregated information that does not include my Personal Information and may otherwise disclose non-identifying information with third parties for analysis, demographic profiling and other purposes. Any aggregated information shared in these contexts will not contain my Personal Information. I understand that CAFC will take appropriate steps designed to secure and protect the information I provide, to keep it confidential, and to prevent others from connecting this data to me. To the extent possible, except as set forth in this form, any information that could identify me will be **removed** or **changed** before such information is shared with other researchers, organizations, or institutions and before any research results are made public in an aggregated form. Except as



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Opportunities for Students

set forth in this form, under no circumstances will my identity and Personal Information be revealed by CAFC.

This authorization will remain in effect until I revoke it, which I may do at any time by contacting Emalyn Lopus at 415-921-5537 or by email, info_aacets@jcy.org. Any waiver, modification or amendment of this form will be effective only if acknowledged in by CAFC. Further, I understand that JCYC Educational Hub will maintain a record of this form, that I am entitled to request and receive a copy, and that I may wish to make a copy of this form for my own records.

This form will be governed by and construed in accordance with the laws of the State of California, excluding that body of law known as conflict of laws. If any provision of this form is found to be invalid or unenforceable, that provision will be enforced to the maximum extent permissible and the other provisions will remain in full force and effect. Failure to enforce any provision of the form will not constitute a waiver of future enforcement of that or any other provision. This form may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

Student Name: _____

Date of Birth: _____

Parent's Signature: _____ (if student is under 18)

Student's Signature: _____ (if student is 18 or over;
if student is emancipated)

Date: _____