



2012 - 2013

## AAE Talent Search / AAE Upward Bound/ San Francisco College Access Center Scholarship Renewal Application

### About this scholarship:

The AAE TS/ SFCAC/ AAE UB Scholarship Fund is a grant provided by the College Access Foundation of California to provide financial assistance to low-income and first-generation college students regardless of gender, ethnicity, religion, and sexual orientation.

All 2007-2008, 2008-2009, 2009-2010, 2010-2011, and 2011-2012 award recipients are invited to apply for this renewal. This year, a total of 60 renewal scholarships will be awarded. **Amounts for the renewal scholarships will range from \$1,000 - \$5,000.** If your renewal is granted, you will be notified in May of 2012.

### Eligibility Requirements

- Must have received a scholarship for the 2007-08 or 2008-09 or 2009-10 or 2010-11 or 2011-12 school year
- Currently Meets Minimum College GPA of 2.0
- Must Demonstrate Financial Need
- Will Be Enrolled Full-Time at a 2-year or 4-year College or University for the Academic Year 2012-2013

### Scholarship Application Package – Must Submit the Following Documents:

... Completed AAE TS/SFCAC/ AAE UB Scholarship Renewal Application with Signature	
... Unofficial College Transcript Showing Your Current GPA	
... Copy of Completed FAFSA or Student Aid Report (SAR)	
... One Essay	... One Letter of Recommendation
... Please write your full name at the top page on each document you submit	
<b>Only Complete &amp; Legible Applications Will be Considered</b>	
<b>DEADLINE: Applications must be postmarked by March 5, 2012</b>	
<b>AAE UB STUDENTS:</b> Please mail to: AAE UB ATTN: Renewal Scholarship 2012 Pine St, San Francisco, CA 94115	<b>AAE TS/SFCAC STUDENTS:</b> Please mail to: AAE/SFCAC ATTN: Renewal Scholarship 1596 Post St, 1 <sup>st</sup> Floor, San Francisco, CA 94109

- Faxed or e-mailed applications WILL NOT be accepted

**2012 – 2013 ACADEMIC YEAR  
AACETS / SFCAC / AACE UB  
Scholarship Renewal Application**

**DEADLINE: Postmarked by March 5, 2012  
Type or print legibly. Blue or Black ink only. Please Complete ALL sections.**

**APPLICANT INFORMATION**

Last Name	First	M.I.
Mailing Address	Apartment/Unit #	
City	State	ZIP
Home Address (If same as above, check here: <input type="checkbox"/> )		
City	State	ZIP
Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Home Phone : (    )	Cell Phone: (    )	Email:
Are you a 1 <sup>st</sup> generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(First-Generation means neither of your parents has received a bachelor's degree)</small>	Name of Parent/Guardian: Home Phone: (    )      Cell Phone: (    )	

**EDUCATION**

What High School did you graduate from?

What College are you currently attending? **Current Cumulative GPA:**

Enrollment Status for 12-13:  Part Time  Full Time    What degree are you pursuing?  Associate's  Bachelor's

What College do you plan to attend in Fall 2012-Spring 2013? (If same as above, check )

Will you be taking remedial classes?  Yes  No    If yes, please state anticipated completion date: Semester \_\_\_\_\_ Year \_\_\_\_\_

**COLLEGE EXTRACURRICULAR ACTIVITIES /COMMUNITY SERVICES (Attach a separate page to add more information)**

Dates of Participation	Activity/Organization	Description of Your Role

**EMPLOYMENT**

Are you currently employed (or have you been in the past year)?  Yes  No

If Yes, how many hours per week?      Estimate your monthly income: \$

Job Title	Responsibilities
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**FINANCIAL AID INFORMATION**

Have you completed the 2012-2013 FAFSA Application?  Yes  No

What is your projected EFC (Estimated Family Contribution) according to your FAFSA? \$

If Not Applying, Please Briefly Explain Why?

**2012 – 2013 ACADEMIC YEAR  
AACETS/ SFCAC/ AACE UB  
Scholarship Renewal Application**

Student Name: \_\_\_\_\_

**LIST ANY SCHOLARSHIPS YOU HAVE APPLIED TO AND/OR WILL RECEIVE FOR THE 2012-2013 ACADEMIC YEAR**

Name of Scholarship	Source (Name of Organization)	Amount (\$)	Received?
			<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No

- If necessary, attach a separate page to add more information.

**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 American       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

**ESSAY:** On a separate sheet of paper, type a double-spaced essay in no more than 500 words to address **ONE** of the following questions. Type your name at the top of the essay page.

1. Discuss the 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? In what areas have you experienced the greatest improvement? (*limit 500 words*)
2. 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*)

**DISCLAIMER AND SIGNATURE**

**I certify that all information given in this renewal application is complete and accurate to the best of my knowledge. I understand that excerpts from my essay may be used for promotional purposes for future scholarship competitions. I agree to share all reported data, including present and future requests, with AACETS, SFCAC, AACE UB, and the College Access Foundation of CA.**

Student Name (Print)	Student Signature	Date
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**2012 – 2013 ACADEMIC YEAR**  
**AACE TS/ SFCAC/ AACE UB**  
**Scholarship Renewal Application**

**RECOMMENDATION FORM**

**Part I: Instructions to Applicants: Complete Part 1 of this form, and then give it to your recommender.** Ask your recommender to place this form in a sealed envelope. Include this sealed envelope with the other documents in the application packet.

**Applicant Information (Please print or type)**

Name (Last, First): \_\_\_\_\_

**Part 2: Instructions to Recommender:** This student is applying for a renewal scholarship award from our program. Because of the competitive nature of this year's scholarship, we request for your assistance to complete this evaluation as it is one of the key components in our decision-making process. Please ensure you complete all parts of this form, and return this form in a sealed envelope to the student before March 5, 2012.

**Recommender Information (Please print or type)**

Name (Last, First): \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Company/Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant?  Less than a year  1 year or more

How well do you know the applicant?  Casually  Fairly Well  Very Well

Please rate the applicant on the following attributes (Please mark one):

	Below Average	Average	Above Average	Outstanding	Not able to comment
<b>Academic Record &amp; Performance</b> (challenges him/herself, manages time well, utilizes academic support networks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b> (ability to lead & motivate others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Motivation &amp; Goal Setting</b> (Sets realistic plans & career goals: Develops strategies for completing them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Awareness/Self Concept</b> (Understanding of personal strengths & weaknesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Involvement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2012 – 2013 ACADEMIC YEAR**  
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**Scholarship Renewal Application**

	Do Not Recommend	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
<b>Overall Impression:</b> How strongly do you recommend this applicant for this scholarship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments to elaborate on the applicant's academic and personal qualities:

Recommender's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### 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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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](mailto: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: \_\_\_\_\_