



## TO THE APPLICANT

Please complete this application to apply for a scholarship from Oakland Dollars for Scholars for a post-secondary education.

You are eligible to receive a scholarship if you are a graduating senior at a public or parochial high school located in the city of Oakland (California), have a financial need and a minimum 2.5 GPA, submit a valid application, and plan to enroll full-time in college.

Our *four-year scholarship* consists of a \$1,000 award per year for up to four years of college (up to \$4,000 in total).

A four-year scholarship has the following eligibility requirements:

- 1) You must attend our Award Luncheon to receive information regarding your participation in our Scholarship program. Details will be shared with selected recipients.
- 2) You must agree to participate in our College Connection Program. In this program, award recipients visit their former high school at least twice a year and speak to a class of high school students about their college experience (two one-hour visits per year). The aim of this program is to help high school students gain a better understanding of what to expect in college.
- 3) Also, for continued eligibility in years two through four, we require evidence of Satisfactory Academic Progress (SAP). Colleges generally have guidelines concerning SAP requirements for financial aid recipients. We will use the requirements (GPA and full-time enrollment status) of the student's college for continued eligibility for the four-year scholarship. (Typical requirements are a minimum of 12 units earned and a minimum GPA of 3.0.)

All awards are disbursed only upon receiving proof that all requirements have been satisfactorily met.

## INSTRUCTIONS

To complete this application, follow these steps:

Check when completed:

- |  |                          |
|--|--------------------------|
| 1. Fill in all applicable parts of Sections 1 through 4.                         | <input type="checkbox"/> |
| 2. Have a school official complete Section 5 and request an official transcript. | <input type="checkbox"/> |
| 3. Have an appropriate person complete Section 6.                                | <input type="checkbox"/> |
| 4. Receive the official transcript for Section 5.                                | <input type="checkbox"/> |
| 5. Receive the completed Section 6.  | <input type="checkbox"/> |
| 6. Send in the complete application by March 15, 2010 (postmark).                | <input type="checkbox"/> |

Steps 1 through 3 can be done in parallel. If any sections of the application do not pertain to your current situation, attach an explanatory note referring to the appropriate section. If additional space is needed on any item, attach a separate sheet of paper and indicate appropriate sections for reference.

Please make sure that both the official school transcript and the completed Section 6 are returned to you in a sealed envelope. You are responsible for seeing that all supporting documents are submitted. Scholarship America and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline. (Two first-class stamps are required for mailing.) Please keep this front sheet.

Space for your notes

Oakland  
**Dollars for**  
**SCHOLARS**  
 Scholarship Application



ID #

For Official Use Only

AWARD AMOUNT

For Official Use Only

PLEASE PRINT OR TYPE

Section 1

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
 Ms.  Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
 guardian if different from applicant  
 (Street) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone Number

Initial and Sign

**For four-year scholarship: participation in College Connection Program, ongoing eligibility requirements**

I agree that, if I am offered and accept a four-year scholarship from Oakland Dollars for Scholars, I will visit my former high school at least twice, two one-hour visits, during each award year to speak to a class of students about my college experience. Initial: \_\_\_\_\_

I understand that awards for years two through four are contingent on 1) proof of continued college enrollment, 2) Satisfactory Academic Progress during the previous year, 3) /participation in the College Connection Program, and 4) funds availability. Initial: \_\_\_\_\_

I understand that if I am awarded a scholarship I am required to inform Oakland Dollars for Scholars of any full scholarships I am awarded by other scholarship organizations (ex: Gates scholarship).  
 I understand that any such award would result in immediate disqualification of the Oakland Dollars for Scholars award. Initial: \_\_\_\_\_

**Certification and permission to use "Recipient Information" to announce scholarship winners**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. Initial: \_\_\_\_\_

I agree that, if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name and chosen major of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs. Initial: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

## Section 2

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Telephone Number)

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_

4-year College/University  Vo-Tech

Community College  Other

Accredited? Yes  No

Address \_\_\_\_\_  
 (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  live on campus  live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_  
 (month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

## Section 3

**DEMOGRAPHIC DATA (optional)**

Please Check All that Apply:

- African American/Black  Asian  Hispanic/Latino  American Indian/Alaska Native  
 White/Caucasian  Pacific Islander  Other (Please Specify) \_\_\_\_\_

|  |
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|  |
|--|

Section 4

**FINANCIAL INFORMATION**

Number of family members: \_\_\_\_\_  
 Number of family members attending college: \_\_\_\_\_  
 Yearly family income: \$ \_\_\_\_\_ (For verification, scholarship officials may request  
 Adjusted Gross Income: \$ \_\_\_\_\_ copies of income tax return.)  
(AGI – IRS Forms: 1040-line 37; 1040A-line 21; 1040EZ-line 4)  
 Family contribution to applicant's education: \$ \_\_\_\_\_

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

| Name of Award | Amount | Granted | Pending |
|---------------|--------|---------|---------|
|               |        |         |         |
|               |        |         |         |
|               |        |         |         |
|               |        |         |         |

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

| Position | Date From (mo/yr) | Date To (mo/yr) | Hours Per Week |
|----------|-------------------|-----------------|----------------|
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |
|          |                   |                 |                |

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

| Activity | No. of Years Partic. | Special Awards, Honors, Offices Held | Activity | No. of Years Partic. | Special Awards, Honors, Offices Held |
|----------|----------------------|--------------------------------------|----------|----------------------|--------------------------------------|
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |
|          |                      |                                      |          |                      |                                      |

## Section 4 (continued)

**ESSAYS**

(Write 150-200 words per essay. You may use and attach a separate if you need more space.)

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.





## Section 6

**APPLICANT APPRAISAL**

(This section is to be completed by a high school or college counselor, advisor, instructor, or supervisor. If more appropriate, you may select an employer, member of the clergy, job supervisor, or any other person who is in a position to evaluate you according to the criteria given.)

To the appraiser: You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. **When complete, please return to applicant in a sealed envelope.**

|  |  |   |   |  |
|--|--|---|---|--|
| The applicant's choice of a postsecondary education program is                               | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability   | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant's ability to set realistic and attainable goals is                             | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |
| The quality of the applicant's commitment to school and community is                         | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |
| The applicant is able to seek, find, and use learning resources                              | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant demonstrates curiosity and initiative  | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant's respect for self and others is   | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |

**Overall Evaluation (Do not name student)**

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( )

Appraiser's Business Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_