



## Silicon Valley College Success Scholarship Fund 2010 Scholarship Application for New Awards Deadline: Friday, April 16, 2010



The UC Santa Cruz Educational Partnership Center, in partnership with the College Access Foundation and Silicon Valley Community Foundation, is awarding scholarships to support college-bound, low-income graduating seniors from the Silicon Valley Area. Only complete applications will be considered for scholarship awards. Scholarships will be directly disbursed to the student's college or university financial aid office and may be applied to the cost of attendance. No funds will be directly issued to the student.

### Scholarship Awards:

- \$1,000-\$10,000 scholarship awards for students attending 4-year colleges/universities
- \$1,000 scholarship awards for students attending community colleges

\*\*\*Please note that awards are for the 2010-2011 academic year and are not automatically renewable. Award amounts will vary depending on the financial need of recipients, the educational cost of the student's college enrollment, and the number of eligible applicants.

### Scholarship Eligibility Criteria:

1. Demonstrate financial need.
2. Must be a senior who will graduate in June 2010 from one of the following East Side Union High School District or San Jose Unified School District schools:  
Andrew Hill High School, James Lick High School, William C. Overfelt High School, Yerba Buena High School, Gunderson High School, San Jose High Academy, or Willow Glen High School
3. Certification of enrollment at public or private degree-granting, four-year or two-year accredited college or university in the United States (e.g., UC, CSU, California Community College, private college). Students working toward vocational, technical, or other certification programs are **NOT** eligible to apply.
4. Have a minimum high school cumulative 2.5 GPA if planning to attend a four year institution or a minimum cumulative 2.0 GPA if planning to attend a California Community College.
5. Must be willing to participate in follow-up activities (e.g. phone interviews, online communication, workshops, individual appointments, etc.) while in high school and during the first year of college.
6. Submit completed scholarship application form by deadline, including unofficial transcript with cumulative GPA, personal statement, and proof of income/financial need.
7. Students planning to attend a California Community College must complete the attached Transfer Partnership Program Form.

### Checklist for Application & Required Attachments:

A completed application must contain the following:

- Completed application form
- Personal essay (this will be used as part of the selection process)
- Current high school transcript including Fall 2009 semester senior grades (unofficial transcripts are acceptable)
- Proof of income: Copy of a submitted FAFSA Student Aid Report (SAR) and parent IRS tax returns (1040, 1040A, 1040EZ) Students who cannot complete a FAFSA must submit a written statement explaining why and list sources of annual income.
- Transfer Partnership Form
- Data Release Consent Form

MAIL or DELIVER your application & attachments postmarked no later than Friday, April 16<sup>th</sup> to:

Silicon Valley College Success Scholarship Fund Committee  
San Jose Cal-SOAP  
3095 Yerba Buena Road, P-101  
San Jose, CA 95135-1598

You may also deliver your completed application and attachments to your high school Cal-SOAP Representative no later than Friday, April 16, 2010 by 4:00 p.m.

\*\*\*We are not responsible for incomplete, lost or late applications.\*\*\*

For questions call the Cal-SOAP Office at (408) 223-6774 or the Silicon Valley College Success Scholarship Fund Committee (408) 693-0972.

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

ID#: \_\_\_\_\_



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### Silicon Valley College Success Scholarship Fund

Directions: (Please print neatly or type)

The way you complete this application is very important to the Scholarship Selection Committee, so give it a lot of thought and time. Answer each question as completely and neatly as possible and do not be bashful when telling about yourself. If you need more space, attach additional sheets of paper.

#### SECTION A: Personal Information

PRINT OR TYPE NEATLY

1) Name: \_\_\_\_\_  
Last Name First Name Middle Name

2) Home Mailing Address: \_\_\_\_\_  
Street # and Name City Zip Code

3) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4) Email Address: \_\_\_\_\_ High School Name: \_\_\_\_\_

5) High School Student ID #: \_\_\_\_\_ College Student ID#: \_\_\_\_\_

6) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male  Female

7) Do you qualify for:  Free Lunch  Reduced Lunch  Don't know  Do not qualify

8) Ethnicity: *(select one) – Please specify:*

- |   |  |
|---|--|
| <input type="checkbox"/> Asian/Pacific Islander: _____  | <input type="checkbox"/> Caucasian                   |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> African American            |
| <input type="checkbox"/> Hispanic/Latino: _____         | <input type="checkbox"/> Undeclared/Decline to state |
| <input type="checkbox"/> Multi-Ethnic: _____            |  |

9) Total Cumulative GPA: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

10) Are you a first-generation college student? Yes No  
"First-generation" means your parents have not graduated from a college or university.

11) Parent's highest level of education:

<input type="checkbox"/> No High School	<input type="checkbox"/> High School Diploma/GED
<input type="checkbox"/> Some High School	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate/Professional
<input type="checkbox"/> Do not know	<input type="checkbox"/> Other _____

12) Are you a participant in the San Jose Cal-SOAP program? Yes No

**Student Name:** \_\_\_\_\_ **1** **ID#:** \_\_\_\_\_





**SECTION C: Financial Information continued**

- 2) If you are working, how many hours per week? \_\_\_\_\_ Your weekly income \$ \_\_\_\_\_
- 3) What is your parents' total annual income? \$ \_\_\_\_\_
- 4) How many people are in your family (including you)? \_\_\_\_\_
- 5) If you cannot provide income information, please explain why. Attach an additional sheet of paper that list sources of annual income and your explanation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6) Did you file a FAFSA? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7) Have you been awarded a Cal Grant?  

No	Not Sure	Yes - If so, how much? _____
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- 8) Have you been awarded a Pell Grant?  

No	Not Sure	Yes - If so, how much? _____
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- 9) What is your expected family contribution (EFC)? This information can be found on your FAFSA Student Aid Report (SAR)? \$ \_\_\_\_\_

- 10) Please briefly explain any special family or financial circumstances that might impact your future educational goals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: Personal Essay**

On a separate sheet, type a short, double-spaced personal essay, with no more than 250 words, answering one of the following questions:

- a) What is it that is inspiring you to pursue higher education?
- b) What particular difficulties have you faced and how have you overcome them?
- c) If selected as a scholarship recipient, how will this award support your educational and career goals?

\*\*\*Type your first and last name and your school student ID# on the personal essay page.



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**SECTION E: Participation in Follow-Up Activities**

If selected as a scholarship recipient you will be required to participate in follow-up activities while in high school and during your first year of college which will include, but are not limited to:

- Completion of follow-up survey(s)
- Participation in events/activities
- Submission of verification of college enrollment documentation
- Submission of college financial aid award letter
- Completion of contract and follow up paperwork
- Submission of a copy of first semester grades of freshman year in college
- If attending a community college, participation in the UCSC Transfer Partnership Program
- Participation in online networks as requested (i.e. Myspace, Facebook, Twitter, etc.)
- Provide updates on college experience
- Failure to participate in follow-up activities will result in award reduction or termination

**SECTION F: Authorization & Certification**

Please fill out EITHER the English or the Spanish authorization below:

I, \_\_\_\_\_ (Parent/Guardian) give my son/daughter permission to participate in the Silicon Valley College Success Scholarship Fund.

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

Parent/Guardian Signature: \_\_\_\_\_  
Student Signature: \_\_\_\_\_

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

Yo, \_\_\_\_\_ (el nombre del padre o guardián) le doy a mi hijo/hija (nombrado/abajo) permiso de participar en el Silicon Valley College Success Scholarship Fund.

Nombre del estudiante: \_\_\_\_\_

Firma del padre o guardián: \_\_\_\_\_  
Firma del estudiante: \_\_\_\_\_

Fecha: \_\_\_\_\_  
Fecha: \_\_\_\_\_

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

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**ID #:** \_\_\_\_\_



UC SANTA CRUZ EDUCATIONAL PARTNERSHIP CENTER & SAN JOSE CAL-SOAP  
SILICON VALLEY COMMUNITY FOUNDATION



Silicon Valley College Success Scholarship Fund  
Scholarship Acceptance/Agreement Form

If I am awarded this scholarship, I agree to the following conditions and I understand that failure to comply with any of the conditions is grounds for reduction or rescission of any potential scholarship funds:

- 1. I understand that the Financial Aid Office at my college/university must submit proof of enrollment for the 2010-2011 academic year before the scholarship award can be released. I give the UC Santa Cruz Educational Partnership Center (EPC) and/or the Silicon Valley Community Foundation (SVCF) the absolute right and permission to verify my enrollment and request information regarding my financial aid. \_\_\_\_\_ (initial)
- 2. I will send a copy of my first semester/quarter grades from my first year to EPC by January 31, 2011.
- 3. If I transfer to another college or university, I will notify EPC in writing, and I will send an official statement from the college or university indicating that I have been granted admission.
- 4. I will notify EPC in writing of any changes to my address or circumstance.
- 5. I will participate in follow up survey(s), phone calls, or other communication requests from the present through August 21, 2011.
- 6. I will furnish any additional information to EPC and/or SVCF upon request.
- 7. I will provide updates and/or short presentation regarding my college experience upon request.
- 8. I understand that this scholarship award is to be used for tuition, books, educational expenses, and the costs of attending the college or university.
- 9. I authorize EPC and/or SVCF to share the information with college/university listed, and in turn, I authorize the college/university to release requested information to the EPC and/or SVCF.
- 10. I understand that any changes to my reported college of attendance may result in a reduction and/or termination of award.

By signing below I am signifying acceptance of this scholarship, should it be offered, and agreeing to the conditions listed above. Failure to cooperate and follow through will result in forfeiture of scholarship privileges.

Student name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Parent/Guardian signature: \_\_\_\_\_

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

PHOTO RELEASE AUTHORIZATION

I, (Parent's/Guardian's name, please print) \_\_\_\_\_, give the Educational Partnership Center at the University of California, Santa Cruz, the absolute right and permission to use my child's photograph(s) and quotations or words used in addition to the photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) and/or quotations and words may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the University, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

# Transfer Partnerships Program

A Bridge to Your Future

 **UC SANTA CRUZ EDUCATIONAL PARTNERSHIP CENTER**  
 University of California, Santa Cruz  
 1156 High Street  
 Santa Cruz, CA 95064  
 epc.ucsc.edu  
 (831) 459-1790

\_\_\_\_\_  
 Last Name (Please Print Clearly)                      First Name                      Middle Initial                      Today's Date

\_\_\_\_\_  
 Mailing Address                      City                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone Number                      Date of Birth                       Female                      \_\_\_\_\_  
 Male                      E-Mail (Please Print Clearly)

\_\_\_\_\_  
 Student ID Number                      Social Security Number (optional)

I authorize institutions at which I am/was enrolled to share academic and other information with the University of California for the purposes of advising and program participation. **I permit my name, photograph, and quotes to be used for program promotional purposes.**

\_\_\_\_\_  
 Signature                      \_\_\_\_\_  
 Date

_____ Community College presently attending (or last attended)  _____ Colleges previously attended High School _____ Year graduated ____	Major interest / career objective:  _____ _____ _____
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<b>College Level</b> (Check one): <input type="checkbox"/> Freshman (less than 30 semester / 45 quarter units) <input type="checkbox"/> Sophomore (more than 30 semester / 45 quarter units)	<b>UC campuses of interest:</b> <input type="checkbox"/> Berkeley <input type="checkbox"/> Los Angeles <input type="checkbox"/> Merced <input type="checkbox"/> Davis <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Riverside <input type="checkbox"/> Irvine <input type="checkbox"/> Santa Barbara <input type="checkbox"/> San Diego
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<b>Anticipated Transfer Date</b> (Check one and indicate year) <input type="checkbox"/> Fall    Year _____ <input type="checkbox"/> Winter	CSU/Independent colleges of interest:  _____ _____
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**Ethnicity:**

<input type="checkbox"/> African American / Black	<input type="checkbox"/> Chinese/Chinese American	<input type="checkbox"/> Japanese / Japanese American	<input type="checkbox"/> Other
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Other Spanish American / Latino	<input type="checkbox"/> Declined to state / Don't Know
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Filipino / Filipino American	<input type="checkbox"/> Korean / Korean American	
<input type="checkbox"/> Vietnamese/Vietnamese American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Mexican / Mexican American	

**Program Affiliation** (Check all that apply):

Advancement Via Individual Determination (**AVID**)

Disabled Students Programs and Services (**DSPS**)

Early Academic Outreach Program (**EAOP**)

Extended Opportunity Programs and Services (**EOPS**)

Mathematics Engineering Science Achievement (**MESA**)

Puente Program

Re-Entry Services

Transfer Center

TRIO Student Support Services

Upward Bound

Other (specify): \_\_\_\_\_

**Parent's Highest Level of Education** (Check all that apply)

<i>Father</i>	<i>Mother</i>
<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> No High School Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some 4-Year College	<input type="checkbox"/> Some 4-Year College
<input type="checkbox"/> University Degree	<input type="checkbox"/> University Degree

**Language Spoken at Home** (Check all that apply)

English                       Asian language group

Spanish                       Other non-English

Notes:

\_\_\_\_\_