

**South County Cal-SOAP
Renewal Scholarship Application**

Application Deadline March 2, 2012 by 4:00pm

(This is not a postmark deadline. Applications must be received in the Cal-SOAP MAIN OFFICE, 750 W. Tenth Street; Bldg D, Gilroy, CA, or to: dia.hoshida@gusd.k12.ca.us; by the time and date stated above.)

Award Amount: \$1,000.00-\$5,000.00
(Up to 35 scholarships available)

Eligibility Criteria:

- ✓ Must be a past recipient of a South County Cal-SOAP Scholarship, sponsored by the College Access Foundation.
- ✓ Making adequate academic progress at an accredited 2 year or 4 year post-secondary institution.
- ✓ Cumulative GPA of 2.0 if attending a community college OR
- ✓ Minimum cumulative GPA of 2.8 if attending a 4-year institution
- ✓ Enrolled in a minimum of 12 units.
- ✓ Estimated Family Contribution (EFC) on FAFSA must not exceed \$10,000

Applicants are required to submit:

- Application (including consent form in the event you are NOT selected as a recipient)
- Unofficial Transcript with cumulative GPA
- Education Plan for the remainder of your college career –prepared with your college counselor (*a college counselor's signature is required for this document*)
- A copy of your FAFSA confirmation page that includes your EFC (*if applicable*)
- Two **current** letters of recommendation from a teacher, counselor or other school official (letters **may not** be from a Cal-SOAP Staff Member.)

Application must be received in the Cal-SOAP Main Office no later than 4:00pm March 2, 2012

**South County Cal-SOAP
750 West Tenth Street, Building D
Gilroy, California 95020 / or
dia.hoshida@gusd.k12.ca.us**

**Late and/or incomplete applications will not be considered.
Faxed applications will not be accepted.**

Please note: In the event you are a scholarship recipient, you are invited to attend the South County Cal-SOAP Year End Celebration on Wednesday May 16th, 2012, from 6:00pm – 8:00pm (Gavilan College).

***Cal-SOAP will communicate with scholarship applicants via email with important updates on a regular basis. Notify our main office if you do not receive any correspondence after the March 2nd deadline.**

**South County Cal-SOAP
Scholarship Application**

The College Access Foundation of California
Sponsoring Organization

March 2, 2012 @ 4:00 pm
Deadline

1) Applicant: _____
Last Name First Name Middle Name

2) Applicant Age: _____ Date of Birth: ____/____/____ Year of High School Graduation: _____

3) Ethnicity (select one): ____ Hispanic or Latino ____ Not Hispanic or Latino

4) Race (Select one or more, regardless of Ethnicity): ____ American Indian or Alaskan Native ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ Black or African American ____ White

5) Social Security Number: _____ - _____ - _____

6) Email Address: (required) _____ @ _____ .com

7) Mailing Address: _____
City: _____ State: _____ Zip: _____

8) Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

9) Applicant's Parents/Guardians/names of siblings:

10) Annual Family Income \$ _____

11) Did either of your parents earn a Bachelor's Degree (BA or BS)? YES NO

12) Did you complete and submit the FAFSA for 2011-2012(circle one)? YES NO

13) Estimated Family Contribution \$ _____

14) List work experience and/or extracurricular activities in which you have engaged on your college campus (giving approximate periods).

15) Are you employed or do you participate in work study (circle one)? YES NO
Specify type of work, hours, etc...

16) Do you live at home? _____ If no, where? _____

17) Name of College or University you currently attend: _____

18) On an additional sheet of paper, please respond to the following two questions. (150 words or less for each question)
a. What are your current undergraduate goals? b. Please explain in detail your financial plan for attending college and why you are applying for this scholarship.



COLLEGE ACCESS
FOUNDATION
of California
Opportunities for Students

Release of Confidential Information to Authorized Persons/Organizations

By signing and submitting this form, I authorize **South County Cal-SOAP** to share all information held by **South County Cal-SOAP** 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 **South County Cal-SOAP'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 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 a **South County Cal-SOAP staff member at (408) 846-7504**. Any waiver, modification or amendment of this form will be effective only if acknowledged in by CAFC. Further, I understand that South County Cal-SOAP 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: _____