

SAN JOAQUIN COUNTY HOUSING AUTHORITY SCHOLARSHIP FOUNDATION

Thank you for the interest in the San Joaquin County Housing Authority Scholarship Foundation ("Foundation").

The Foundation will be awarding scholarships on a competitive basis. Scholarships shall be awarded to assist students with the financial expenses of pursuing higher education. Recipients must be students enrolled full-time in college or technical/vocational education for the **2017** Fall Quarter or Semester.

SELECTION CRITERIA:

1. The applicant must be a tenant/resident residing in rental property owned, affiliated with, or subsidized by the Housing Authority of the County of San Joaquin. All applications will be verified with applicable tenant records.
2. The applicant may be a senior in high school, a presently enrolled college student, or a re-entry student pursuing academic, technical or vocational training. The applicant must be accepted at an academic, technical or vocational Institute.
3. The applicant must have a 2.5 or higher cumulative grade point average. (May be waived for re-entry student – out of school for at least five (5) years).
4. The applicant must submit a completed legible application.

The following items must be submitted with the application or it will not be reviewed:

- Completed application including the essay portion. Please type or print clearly.
- Completed Education Expenses and Funding Sources Work Sheet.
- A letter of reference (from employer, teacher, instructor, clergy, etc.). It cannot be from a household family member.
- Most recent high school and/or college transcripts.

Submit the attached application including the above items to:

San Joaquin County Housing Authority Scholarship Foundation

P.O Box 447

Stockton, CA 95201

ATTN: Scholarship Committee

Deadline: Application must be postmarked or delivered no later than **May 31, 2017**.

Applications postmarked or received after **May 31, 2017 will not be reviewed.**

SCHOLARSHIP APPLICATION

(Fill out application completely. Do not leave any blanks. **PLEASE PRINT.**)

- 1. APPLICANT NAME: _____ 2. SSN: _____
- 3. HEAD OF HOUSEHOLD: _____ 4. SSN: _____
- 5. APPLICANT'S RELATIONSHIP TO HEAD OF HOUSEHOLD: _____
- 6. WORKER OR NAME OF COMPLEX: _____
- 7. IS THE HEAD OF HOUSEHOLD PART OF THE FAMILY SELF-SUFFICIENCY PROGRAM?
 YES NO
- 8. HOME ADDRESS: _____
- 9. ***MAILING ADDRESS:** _____
- 10. ***CELL:** () _____ HOME: () _____ WORK NO: () _____
- 11. ***EMAIL:** _____
- 12. CURRENT NAME OF HIGH SCHOOL, COLLEGE OR TECHNICAL/VOCATIONAL SCHOOL AND ITS LOCATION (IF ENROLLED): _____
- 13. ANTICIPATED GRADUATION YEAR: _____
- 14. ***AREA OF STUDY/MAJOR:** _____
- 15. ***COLLEGE, UNIVERSITY OR TECHNICAL/VOCATIONAL SCHOOL OF PLANNED ATTENDANCE NEXT YEAR AND ITS LOCATION:** _____

HAVE YOU BEEN ACCEPTED? _____

16. LIST EMPLOYMENT HISTORY (INCLUDE VOLUNTEER AND COMMUNITY WORK):

***DO NOT LEAVE BLANK.**

NAME OF EMPLOYEE, VOLUNTEER OR COMMUNITY WORK	ADDRESS	PHONE NO.	PERIOD WORKED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I UNDERSTAND THAT FUNDS FOR THE SCHOLARSHIP MAY COME FROM THIRD PARTIES AND/OR OTHER GRANTS MAY REQUIRE THE SCHOLARSHIP FOUNDATION TO RELEASE MY APPLICATION INFORMATION TO SAID GRANT PROVIDER. I HEREBY AUTHORIZE AND GRANT THE SCHOLARSHIP FOUNDATION PERMISSION TO RELEASE ALL INFORMATION ON THIS APPLICATION. I DECLARE THAT I HAVE READ AND UNDERSTAND ALL THE INSTRUCTIONS ON THE PRECEDING PAGE. I HEREBY DECLARE THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION MAY CAUSE MY SCHOLARSHIP APPLICATION TO BE DISQUALIFIED FOR CONSIDERATION.

PRINT NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

EDUCATION EXPENSES & FUNDING SOURCES WORKSHEET

1. Please itemize the costs of educational expenses for the **2017-2018 school year** below (include resources confirmed or anticipated). Also include any other grants, scholarships, loans, or any other financial assistance from other institutions, friends, and/or family members.

a. Cost of Tuition _____

b. Anticipated Cost of Books _____

c. Cost of Room & Board (if applicable) _____

d. Any other financial assistance confirmed (provide name of source):

e. Any other financial assistance anticipated:

Total Anticipated **2017-2018 School Expenses:** _____

ESSAY

2. Please share something about yourself and explain how you see the college education or vocational training improving your quality of life.

PLEASE PRINT LEGIBLY.

(IF NEEDED, UP TO 3 MORE PAGES CAN BE ATTACHED TO THE ESSAY)

San Joaquin County Housing Authority Scholarship Foundation

MEDIA AUTHORIZATION AND RELEASE FORM

I, _____, hereby assign to the San Joaquin County Housing Authority Scholarship Foundation for its exclusive use for public relations or communication materials, all photographs, motion pictures, video tapes, and/or audio recordings taken or made in the production of brochures, flyers, films and radio spots at any time, and without limitation(s), except as set forth below on this form.

I hereby authorize the San Joaquin County Housing Authority Scholarship Foundation to reproduce, copy, exhibit, publish or distribute any and all such photographs, motion pictures, video tapes, and/or audio tapes in connection with business operations purposes.

Solely with regard to this Release, I understand and agree to indemnify, defend, and hold harmless the San Joaquin County Housing Authority Scholarship Foundation, its commissioners, officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, negligent acts, errors or omission, expecting only loss, injury or damage caused by the acts or omissions of personnel employed by the San Joaquin County Housing Authority Scholarship Foundation, its commissioners, officers, agents or employees. I shall reimburse the San Joaquin County Housing Authority Scholarship Foundation for all costs, reasonable attorney’s fees, expenses and liabilities incurred with respect to any litigation in which I am obligated to indemnify, defend and hold harmless the San Joaquin County Housing Authority Scholarship Foundation under this Media Authorization and Release.

I understand and agree that I have not, and will not, receive any compensation for the San Joaquin County Housing Authority Scholarship Foundation’s use of the materials and information described herein.

Please select one:

- Yes. I do give consent to release information.
- No. I do not give consent to release information.

All applications will be considered regardless of consent to release information

Signature (Parent/Legal Guardian must sign if Release is for a minor – under age 18.)

Signature of Witness (Only if applicant is a minor.)

Print Name

Name of Minor, if applicable.

Mailing Address: _____ City: _____ Zip: _____

Cell No: _____ Date: _____