

2010 Application Form

Bobette Bibo Gugliotta Memorial Scholarship for Creative Writing

Please read application instructions.

APPLICANT CONTACT INFORMATION

Name: _____
FIRST MIDDLE LAST

Permanent Address: _____
STREET

CITY STATE ZIP CODE

County of Residence: _____ Phone Number _____

Cell Phone Number: _____ Email: _____

Date of Birth: ___/___/___ US Citizen? Yes No (documentation must accompany the application)

OPTIONAL INFORMATION

Did either of your parents complete college? Yes No Are you an independent adult returning to college? Yes No

Race/Ethnic Origin: American Indian or Alaskan Native White
 Asian (Not Hispanic or Latino) Hispanic or Latino
 Black or African American (Not Hispanic or Latino) Two or more Races (Not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander

ACADEMIC & EXTRACURRICULAR INFORMATION

High school name _____ Graduation date (actual or anticipated) ___/___/___

Cumulative high school GPA (4.0 scale) : _____ Class rank: _____ Class size: _____
(if available)

College currently attending (If applicable): _____
NAME OF SCHOOL CITY / STATE

Class year you will be in college fall 2010 (check one): First Second Third Fourth

College you attend or hope to attend in the Fall:

1) _____ Yes No
FIRST CHOICE NAME CITY / STATE HAVE YOU BEEN ACCEPTED?

2) _____ Yes No
SECOND CHOICE NAME CITY / STATE HAVE YOU BEEN ACCEPTED?

3) _____ Yes No
THIRD CHOICE NAME CITY / STATE HAVE YOU BEEN ACCEPTED?

List any school or community activities, recent employment history and/or awards received. Attach an additional sheet if necessary.

Applicant Name: _____
FIRST MIDDLE LAST

HOUSEHOLD/ FINANCIAL INFORMATION

It is strongly recommended that you fill out this section with a parent(s)/guardian(s) if you are a dependent. Round all figures to the nearest dollar; do not enter cent amounts. Use the most recent income tax information or estimated current year values. **Do not leave lines blank.**

Name of parent(s)/guardian(s) with whom you reside (If you are a dependent): _____

- \$ _____ Cost of attendance (including tuition, fees, room & board, transportation, etc.) at college of choice (If you do not yet know the college you will be attending, please estimate)
- \$ _____ Head(s) of household's total gross income
- \$ _____ Head(s) of household's total cash assets (cash, checking/savings account, stocks, home equity)
- \$ _____ Student's income (if not head of household)
- \$ _____ Student's total cash assets (if not head of household)
- _____ Number in household your parent(s)/guardian(s) currently supports financially (including applicant)
- \$ _____ Number in household in a college degree/certificate program in 2010-2011 (including applicant)
- \$ _____ Grants/scholarships already received. Please list below as well.

Please list any grants or scholarships already received for upcoming academic year.

Please describe any special circumstance that may affect your family's ability to pay for college (medical, divorce, unemployment, child support, other):

REQUIRED SIGNATURES

All of the information I have provided in this application is accurate and is subject to verification by Silicon Valley Community Foundation at its discretion.

Student: _____ Date: _____ / _____ / _____

Parent or Guardian: _____ Date: _____ / _____ / _____
(if applicant is a minor)

Notification will be mailed in May 2010 to the address provided. Awards will be sent directly to college financial aid offices after Silicon Valley Community Foundation receives verification of admission and enrollment.