

2010 Application Form

Peninsula Regent Charitable Foundation Educational Grant Program

Please read the 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: ____ / ____ / ____

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

EDUCATION

High School Name _____ Graduation Date (actual or anticipated) ____ / ____ / ____

Cumulative High School GPA (4.0 scale) : _____

College, school or class you wish to attend or are enrolled in: _____
NAME OF SCHOOL CITY / STATE

If college student, class year you will be in college fall 2010 (check one): First Second Third Fourth

SCHOOL AND COMMUNITY INVOLVEMENT

Please list school or community-related activities in which you have participated.

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per month
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

Please complete this section if you are a dependent (not an employee):

Name of employee at Peninsula Regent? _____

Relationship to applicant? _____

How long has the employee worked at Peninsula Regent? _____

What position does the employee hold? _____

How many hours does the employee work per week? _____

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): _____

- \$ _____ Estimated cost of classes you plan to attend
- \$ _____ Estimated cost of books and school materials
- \$ _____ Head(s) of household's total gross income
- \$ _____ 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 support financially (including applicant)
- _____ Number in household in a college degree/certificate program in 2010-2011 (including applicant)
- \$ _____ Grants /scholarships already received.

Please describe any special circumstance that may affect your family's ability to pay for your education (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 under 18 years of age)

Notification will be mailed by May 2010 to the address provided. Awards will be sent directly to the specified educational institution after Silicon Valley Community Foundation receives verification of enrollment.

APPLICATION CHECKLIST

Did you remember to . . .

- Complete and sign the enclosed application form?
- Include 2 letters of reference?
- Include copy of your transcript(s)?
- Include a signed and dated personal statement?
- Include your or the employee's employment verification letter?