

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: U.S. 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: (must be accompanied by official transcript) (if available)

College Currently Attending (If applicable): NAME OF SCHOOL CITY / STATE

Class year you will be in college fall 2009 (check one): First Second Third Fourth

College you attend or hope to attend in the Fall:

1) FIRST CHOICE NAME CITY / STATE Yes No HAVE YOU BEEN ACCEPTED? 2) SECOND CHOICE NAME CITY / STATE Yes No HAVE YOU BEEN ACCEPTED? 3) THIRD CHOICE NAME CITY / STATE Yes No HAVE YOU BEEN ACCEPTED?

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

Three horizontal lines for listing activities and awards.

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 2009-2010 (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 2009 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.**