

**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 2009 (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 2009-2010 (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 in May 2008 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?