

2012 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: ____/____/____ Gender: M F US Citizen? Yes No If no, are you a legal resident? Yes No

Optional Information

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

Race/Ethnic Origin: African-American Pacific Islander Latino Alaskan Native
 Asian-American Caucasian Native American Other

Education

High School: _____ HS Diploma Yes No Graduation date: ____/____/____
CITY GED/equivalent (or GED/equivalent)

Cumulative High School GPA (4.0 scale) : _____

Post-secondary school you hope to attend or are attending: _____
NAME OF SCHOOL CITY / STATE

Class year you will be in college fall 2012 (check one): First Second Third Fourth

School and Community Involvement

Please list school or community-related activities in which you have participated. *Additional sheets must follow the application format.*

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

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 any 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 2012-2013 (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

I hereby authorize release of any information shown on this application, personal essay, transcripts and references. I certify that 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: _____
(if applicable)

Date: ____ / ____ / ____

Notification will be mailed by April 2012 to the address provided. Should you be awarded, scholarship payments will be sent directly to college financial aid offices after Silicon Valley Community Foundation receives verification of admission and enrollment. The community foundation does not disburse scholarship payments directly to individual students.

Application Checklist

Did you remember to . . .

- Complete and sign the enclosed application form?
- Include two 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?
- Include proof of citizenship or legal residency?