

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

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 [] Asian-American [] Pacific Islander [] Caucasian [] Latino [] Native American [] Alaskan Native [] Other

Education

Must currently be enrolled at a two-year community college.

Your class year for the upcoming fall session (check one) Freshman [] Sophomore [] Junior [] Senior [] Graduate

Freshman College currently attending: _____ College GPA: _____

College or university you hope to attend in the upcoming fall session:

1) _____ 2) _____
FIRST CHOICE-NAME SECOND CHOICE-NAME

Have you been accepted at your first choice? [] Yes [] No If no, when do you expect to be notified? ____ / ____ / ____

Have you been accepted at your second choice? [] Yes [] No If no, when do you expect to be notified? ____ / ____ / ____

Educational goals: [] BA/BS [] AA/AS [] Certificate [] Transfer [] Other (specify): _____

Intended major(s): _____ Intended minor(s): _____

Will you be attending school full-time? [] Yes [] No If no, please explain _____

Where do you plan to live next year? [] On-campus [] Off-campus [] With parent(s) [] Other

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Awards and Honors

List awards and honors you have received and briefly explain their significance. Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

AWARD/HONORS RECEIVED	SIGNIFICANCE	DATE RECEIVED
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

School Involvement

Please list school-related activities in which you have participated. Indicate whether high school or college activities. Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

ACTIVITY	HONORS AND/OR POSITIONS HELD	DATES OF INVOLVEMENT	HOURS PER MONTH
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

Voluntary Community Involvement

Please list voluntary community-related activities in which you have participated. Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

ACTIVITY	HONORS AND/OR POSITIONS HELD	DATES OF INVOLVEMENT	HOURS PER MONTH
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

Employment

Beginning with your present or most recent job, list your employment history. Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

EMPLOYER	POSITION	DATES OF EMPLOYMENT	HOURS PER WEEK
		/ / - / /	
		/ / - / /	
		/ / - / /	

How have you used the income earned?

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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)*: _____

\$ _____ 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

\$ _____ Student's income (if not head of household)

\$ _____ Grants/scholarships already received. Please list below as well.

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

FUNDING SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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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: _____ Date: ____/____/____
(if applicable)

Notification will be mailed 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 a letter of reference
- Mail an OFFICIAL copy of the required transcripts
- Include a SIGNED and DATED personal statement
- Include financial statements (SAR or tax returns)
- Scan and upload all materials into one file to send to RoshanRahbariScholarship@yahoo.com