San Pablo Youth Scholarship
<u>May 15th Deadline</u>

Student Name: _____
First *Last*

Student Address: _____
City Zip Code

Parent Guardian Day Phone: _____ Evening: _____

Present School: _____ Last Grade Completed: _____

SCHOLARSHIP INFORMATION

- **<u>This scholarship is made possible by a private donation.</u>**
- Only San Pablo residents are eligible for this scholarship. (*This **<u>does not</u>** include the unincorporated areas that have a 94806 zip code such as Tara Hills.)*
- This scholarship is open to all CFK eligible students living in San Pablo.
- <u>NOT ALL APPLICANTS WILL BE AWARDED SCHOLARSHIPS</u>. Past CFK behavior and class participation will be taken into account in addition to teacher recommendations.

1. Please designate class choices on *Enrollment form.*

2. Please submit a copy of <u>one of the following</u> documents to verify low-income status:

☐ FAFSA or SAR report ☐ CA-7 or other Social Services documentation

☐ SSI documentation ☐ Statement from a social worker or case-worker

☐ 1040 tax form

3. Please attach a copy of <u>one of the following</u> to verify that you are a resident of San Pablo.

☐ Utility Bill ☐ Copy of rental agreement

4. Please <u>attach</u> a letter of recommendation from one of the student's current teachers. This letter should address the student's potential for success in the CFK program and be on organizational letter head. :

Teacher/Counselors name: _____ Contact Phone: _____

School: _____ Class: _____

5. Please mail all documents with the *Enrollment Application* to:

Contra Costa College: College for Kids
2600 Mission Bell Drive
San Pablo, CA. 94806

6. I certify that all of the information I have provided for this scholarship is true:_____
Parent's signature