



ORFALEA MIGRANT SCHOLARSHIP APPLICATION

Eligibility:

- a) Applicant must be a U.S. citizen or permanent U.S. resident (green card).
- b) Applicant must be a current high school senior at a San Luis Obispo County high school or have received a GED from a San Luis Obispo County high school.
- c) Applicant must be planning to attend full-time during the 2010-2011 academic year an approved vocational school, community college, four-year college, graduate school or a designated California State University or California Community College location which offers the College Assistance Migrant Program (CAMP).
- d) Applicant must have demonstrated financial need, and;
- e) Applicant must be the child or dependent of a migrant or seasonal farm worker. (A migrant farm worker is a seasonal farm worker whose employment requires travel which keeps the farm worker from returning to his/her permanent home within the same day. A seasonal farm worker is a person who was employed for at least 75 days in farm work on a seasonal basis within the last 24 months.)

Application Deadline - February 12, 2010

All materials must be submitted to the Foundation office by 5:00 pm on February 12, 2010.

No fax or e-mail materials accepted.

San Luis Obispo County Community Foundation Mailing Address:

P.O. Box 1580, San Luis Obispo, CA 93406

San Luis Obispo County Community Foundation Street Address: (for drop-off materials only):
1401 Higuera Street, San Luis Obispo, CA 93401

Phone Number: (805) 543-2323

ORFALEA MIGRANT SCHOLARSHIP APPLICATION INSTRUCTIONS

- Complete the **Application Form** and Sign the **Certification**.
- Complete the **Honors/Activities/Employment Sheet**.
- Complete the **Financial Statement** and the **College Board's EFC Calculator**.
- Write a **Personal Statement/Essay** (1-2 typed pages) and enclose it with your application. Your essay should demonstrate what is important to you and describe your motivation. Discuss your background and academic and career goals, but please avoid submitting an essay that is just a "list" of activities. The essay will assist us in becoming acquainted with you in ways different from your coursework, grades, test scores and other objective data. The essay will demonstrate your ability to organize thoughts and express yourself. Grammar, spelling, and clarity of purpose are important.
- Submit all **Academic Transcripts**:
High School Seniors: (a) The grade transcript must include all of 10th and 11th grades and all SAT scores. If your high school has not recorded your SAT scores on your transcript, then submit to the Foundation a copy of the SAT score report you received at home or online. (b) High school seniors should also submit transcripts for classes taken at any post-secondary school attended, if the grades are not posted on the high school transcript.
College and Re-entry Students: (a) ALL applicants, regardless of academic level or age are required to submit ALL High School and College transcripts from each school attended, including the current Fall 2008 grades. (b) Applicants are responsible for ensuring that all transcripts are received by the Foundation by the 2/12/10 deadline (c) Official transcripts are preferred, but unofficial transcripts will be accepted.
- Submit an **Academic Recommendation**. This should be from a recent instructor or professor. Use the enclosed form, or ask the instructor to write a letter on the school letterhead. The form and/or letter may be submitted with the student's application, or may be sent directly to the Foundation. The recommendation cannot be from a family member.
- Submit a **School Counselor Recommendation**. This should be from your school counselor. Use the enclosed form, or ask the recommender to write a letter on the school letterhead. The form and/or letter may be submitted with the student's application, or may be sent directly to the Foundation. The letter may not be from a family member.
- Submit a copy of the first 2 pages of your parent/guardian's 2008 or 2009 federal income tax return, and W-2 forms showing your parent/guardian's employer.

If possible, please compile all application materials and submit a single application packet.

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ORFALEA MIGRANT SCHOLARSHIP APPLICATION

SAN LUIS OBISPO COUNTY



APPLICATION DEADLINE – February 12, 2010

All materials must be submitted to the San Luis Obispo County Community Foundation by 5 PM on 2/12/10.

For Office Use Only

Date Received: _____

- Application/Certification
- Honors/Activities/Service Sheet
- Personal Statement/Essay
- Teacher Recommendation Letter
- Counselor Recommendation Letter
- Financial Statement

Financial Need Ranking: _____

READ THE INSTRUCTIONS BEFORE STARTING THIS FORM

Name: _____
(Last, First, Middle Initial)

Telephone: _____

E-mail: _____

Parent/Guardian Address:

Parent's Names

Street Address

City, State, Zip Code

Dorm/Apartment Address:

Street Address 1

Street Address 2

City, State, Zip Code

Birthdate: _____ Gender: Male Female

Nearest relative not living with you:

Relationship to you: _____
(Do not list a parent living at your permanent address)

Name

Address

City, State, Zip

Recommendations:

List the names of the 2 people who will be submitting your required recommendation letters.

Academic: _____

School Counselor: _____

How did you hear about the scholarship?

Current High School: _____

Current G.P.A. _____

Have you received any other scholarship from the San Luis Obispo County Community Foundation? If yes, when? _____

Did you/will you graduate from a San Luis County High School or receive your GED from a San Luis Obispo County High School?

Yes No

College Class in Fall 2010 (*next academic year*)

Freshman Sophomore Junior 4th Year Senior 5th Year Senior

Colleges/Vocational Schools to which you have applied, or will apply, in order of preference:

(If you are a college student continuing at the same school, list that college here)

1. _____
2. _____
3. _____
4. _____

Are you planning to attend a California State University or California Community College which offers the College Assistance Migrant Program (CAMP)?

Yes No

Expected Date of College/Vocational School Graduation: _____

Proposed Major: _____

(if you are undecided, please write "undecided" – do not leave blank)

Proposed Career: _____

To be eligible for this scholarship you must be the child or dependent of a migrant or seasonal farm worker. (A migrant farm worker is a seasonal farm worker whose employment requires travel which keeps the farm worker from returning to his/her permanent home within the same day. A seasonal farm worker is a person who was employed for at least 75 days in farm work on a seasonal basis within the last 24 months.)

I qualify as a (check one): Seasonal Farm Worker Migrant

I meet the eligibility requirement based on:

Father Mother Both Other _____

Name of employer for qualifying member listed above: _____

Employer Address: _____

Number of months employed in 2008: _____ Number of months employed in 2009: _____

* In order for your application to be considered you also need to attach the following documents: (1) Copy of the first 2 pages of your parent/guardian's 2008 or 2009 federal income tax return, (2) W-2 forms showing the above listed employer.

ACADEMIC HONORS

List most recent first. If necessary, attach an additional 8 ½" x 11" sheet.

Honor: _____ Date: _____
Honor: _____ Date: _____
Honor: _____ Date: _____
Honor: _____ Date: _____

ACTIVITIES

List most recent first. Include all activities: service organizations, special interest groups, church groups, social organizations, sport, etc. If necessary, attach an additional 8 ½" x 11" sheet.

Organization or Activity	Type of Participation	Dates of Participation	Offices Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List all employment, including Holiday, Summer, and Temporary jobs. List most recent job first.

Employer/Business	Job Responsibility/Title	Hrs/wk	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION – YOU MUST READ AND SIGN BELOW: *(Application is not valid without signature)*

I certify that all information submitted in the application materials is true and correct. I agree to provide all statements or documents requested, and I understand that failure to provide these documents will result in termination of my application. I agree that the San Luis Obispo County Community Foundation may forward my name and information from my application to individuals or groups that may be considering me for financial assistance, and for media and public relations purposes.

Date

Applicant's Signature

Please place in a sealed envelope and return to applicant or mail to:
San Luis Obispo County Community Foundation
P.O. Box 1580, San Luis Obispo, CA 93406
Phone (805) 543-2323 Fax (805) 543-2346

ACADEMIC LETTER OF RECOMMENDATION

Name of Applicant: _____
Print Clearly

To the Teacher: Thank you for acting as a reference for the above named applicant. Please take the time necessary to complete this form so that the applicant and the Selection Committee will have the benefit of your appraisal. Note: a parent or relative may not be used as a reference.

In what context have you known the applicant? _____

How long have you known the applicant? _____

Comments: Explain why you are recommending the applicant. Use a separate sheet if you wish.

What has been the applicant's greatest strength? _____

In what areas does the applicant need improvement? _____

Overall Rating *(check one)*

____ Highly Recommended ____ Recommended ____ Recommended with Reservation

Your Signature: _____ Date: _____

Your Name and Title *(print)* _____

Your Institution _____ Phone: _____

DEADLINE: February 12, 2010
(postmark is acceptable)

Please place in a sealed envelope and return to applicant or mail to:
San Luis Obispo County Community Foundation
P.O. Box 1580, San Luis Obispo, CA 93406
Phone (805) 543-2323 Fax (805) 543-2346

SCHOOL COUNSELOR LETTER OF RECOMMENDATION

Name of Applicant: _____
Print Clearly

To the School Counselor: Thank you for acting as a reference for the above named applicant. Please take the time necessary to complete this form so that the applicant and the Selection Committee will have the benefit of your appraisal. Note: a parent or relative may not be used as a reference.

In what context have you known the applicant? _____

How long have you known the applicant? _____

Comments: Explain why you are recommending the applicant. Use a separate sheet if you wish.

What has been the applicant's greatest strength? _____

In what areas does the applicant need improvement? _____

Overall Rating *(check one)*

____ Highly Recommended ____ Recommended ____ Recommended with Reservation

Your Signature: _____ Date: _____

Your Name and Title *(print)* _____

Organization Name _____ Phone: _____

DEADLINE: February 12, 2010

(postmark is acceptable)

FINANCIAL STATEMENT

To prepare your financial statement please use the College Board's EFC Calculator, Institutional Method. The calculator can be found at:

http://apps.collegeboard.com/fincalc/efc_status.jsp

A link to the College Board's EFC Calculator can also be found on the San Luis Obispo County Community Foundation's website (www.slocf.org) on the "Grants and Scholarships" page.

The EFC Calculator will ask you a series of questions regarding your family and your finances. When asked which method to use, please use the Institutional Method.

When you have completed the EFC Calculator print out the final summary "Results" page as well as the "Results: Show Detail" page. Include copies of these pages with your scholarship application packet.

Student Social Security Number: _____

From Institutional Methodology Results:

Parents' Contribution for Student: _____ Student's Contribution: _____

Total Estimated IM Contribution: _____

Mother's Occupation and Employer: _____

Father's Occupation and Employer: _____

Student Signature

Mother/Stepmother's Signature*

Father/Stepfather's Signature*

Spouse's Signature**

*Dependent students only

**Independent students if applicable

Submit a copy of the **FIRST TWO PAGES OF YOUR PARENT'S 2009 FEDERAL TAX RETURN**. This must be submitted as soon as possible, but **no later than April 15, 2010**. If you are 24 years of age or older, or have children, or are married, then submit your own 2009 federal tax return instead.

HIGH SCHOOL TRANSCRIPT REQUEST FORM
San Luis Obispo County Community Foundation

Applicant Name: _____

To all applicants:

Complete this form and give it to your high school registrar's office. High school transcripts are required for all applicants, regardless of your age or grade level.

Note for high school seniors: Transcript must include all courses from your 10th and 11th grade years plus any SAT scores. After you submit this form to your high school registrar's office, the registrar will mail your transcript to the San Luis Obispo County Community Foundation. If your high school has not recorded your SAT scores on your transcript, then submit to the SLO County Community Foundation a copy of the SAT score report you received at home or online.

TO THE REGISTRAR:

Please mail the high school transcript for this student, complete with any and/or all SAT scores, to:

San Luis Obispo County Community Foundation
P.O. Box 1580
San Luis Obispo, CA 93406

Thank you for your promptness in responding to this request.

Student Name: _____ Birthdate: _____

Current grade: _____ **OR:** Year graduated: _____ **OR** withdrew: _____

HIGH SCHOOL SENIORS: List here the subjects that you are now taking in the Fall, and those you plan to take in the Spring term. List correct titles and show the level (for instance, "Spanish 5").

FALL TERM(S)

SPRING TERM(S)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |

COLLEGE TRANSCRIPT REQUEST FORM
San Luis Obispo County Community Foundation

Applicant Name: _____

To all applicants:

Complete this form and give it to your college registrar's office. College transcripts are required for all applicants, regardless of your age or grade level.

TO THE REGISTRAR:

Please mail the college transcript for this student to:

**San Luis Obispo County Community Foundation
P.O. Box 1580
San Luis Obispo, CA 93406**

Thank you for your promptness in responding to this request.

Student Name: _____

Birthdate: _____

Year graduated: _____ **OR** withdrew: _____