



Chaffey College Foundation Scholarship Application

*This scholarship is open to all Chaffey College students
regardless of citizenship or residency status.*

For Office Use Only
Date & Time Received

PERSONAL INFORMATION

Type or print legibly **ONLY**. An incomplete application will result in disqualification.

Student ID Number: _____ Social Security Number: _____ Gender: Male ___ Female ___

New Student _____ Continuing Student _____ Have you received a Foundation Scholarship in the past? _____

Full Legal Name: First _____ Middle Initial _____ Last _____

Date of Birth (mm/dd/yy): _____ Did either of your parents ever attend college? Yes ___ No ___

Did either of your parents or any other member of your immediate family ever attend Chaffey College? Yes ___ No ___

E-mail address: _____
(E-mail confirmations will be sent out regarding this scholarship application as well as information of other available scholarships.)

Mailing Address:

Number & Street _____ Apt. # _____

City _____ State _____ Zip Code _____ Phone (____) _____ - _____

Alternate Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____

Permanent Address if different from above:

Number & Street _____ Apt. # _____

City _____ State _____ Zip Code _____ Phone (____) _____ - _____

ACADEMIC INFORMATION

Provide verifiable information **ONLY**

Year first enrolled at Chaffey College: _____
(If you are a NEW student, please provide a copy of your high school transcripts to be considered.)

Total units earned to date: _____ Transferable units earned: _____ Cumulative GPA: _____

Current enrollment status: Part-time _____ Full-time _____ Transferring: Fall _____ Spring _____ Summer _____
(Minimum 6 units) (Minimum 12 units)

Declared Major: _____

Extra curricular activities at Chaffey College (student government clubs, committees, etc.) and the community at large.

<u>Activity</u>	<u>Year</u>	<u>Brief Description</u>

<p>FINANCIAL INFORMATION</p> <p><i>Type or print legibly ONLY. An incomplete application will result in disqualification.</i></p>

You are considered a dependent student if you are under 24 years of age (born after January 1, 1985) unless you are a Graduate Student, are married or have dependents other than a spouse, are an orphan/ward of the court, or are a veteran of the U.S. armed services. If you are a dependent please skip **SECTION 1** and complete **SECTION 2**.

Are you, or have you ever been a foster youth? Yes _____ No _____
 If yes, are you able to provide legal documentation confirming this information? Yes _____ No _____

Have you completed the "Free Application for Federal Student Aid" (FAFSA) form? Yes _____ No _____
 If yes, what is the status:

SECTION 1. INDEPENDENT APPLICANT:

Are you currently receiving CalWORKs (AFDC, Cash Aid or Welfare)? Yes _____ No _____

Are you receiving SSI (Supplemental Security Income)? Yes _____ No _____

Are you receiving GA (General Assistance)? Yes _____ No _____

Economic Status: is your household annual income less than \$12,525 (for a single person); \$16,875 (for a couple adding \$4,350.00 per dependant child)? Yes _____ No _____

Are you a Displaced Homemaker? An adult who has worked to care for a family and, because of this responsibility is currently unable to find a job or better paying job, due to lack of market experience. Yes _____ No _____

Please estimate your TOTAL annual gross household income: \$ _____

SECTION 2. DEPENDENT APPLICANT ONLY:

Parent(s)/Guardian(s)' Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Mother's/Guardian's occupation: _____ Father's/Guardian's occupation: _____

Parents/Guardians TOTAL combined annual gross household income: \$ _____

Do your parent(s)/guardian(s) contribute to your educational expenses? Yes _____ No _____

Do you live with your parent(s)/guardian(s) during the academic year? Yes _____ No _____

Number of people your parent(s)/guardian(s) can claim as dependents on their tax return (include yourself): _____

How many dependents are currently in college (include yourself)? _____

Are either parent/guardian a Veteran? _____

Certification and Authorization: Applicant must read and sign below to be eligible.
 "All of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in this application. I understand that I may or may not receive a scholarship and that filling out this application does not guarantee that I will be selected as a recipient of a Chaffey College Foundation scholarship. I understand that all application materials become the property of the Chaffey College Foundation, cannot be returned, and will be treated as confidential. Any knowingly false statements on this application may disqualify me from consideration for a scholarship. I hereby authorize the Chaffey College Foundation to utilize information about my application and my likeness for public relations purposes, publicity, or other scholarship opportunities."

Signature _____
 (Required)

Date _____