



## Scholarship Foundation Trust

2003 Howe Avenue  
Sacramento, CA 95825

Tel: (916) 437-1220 | Fax: (916) 922-4103



# 2017 SCHOLARSHIP APPLICATION FORM

## Guidelines and Procedures

1. **This application form must be completed in full and received in our office by the deadline of 4:30 p.m. on Friday, March 31, 2017**
2. The following must accompany the application:
  - Copy of current official transcript from your accredited high school
  - Evidence of acceptance and intention to enroll for Fall 2017 term at an accredited college or university
  - A headshot photo
  - A typed, 300-word essay describing your career objectives and the benefits to be gained from this financial award
3. Applicant must be a senior in high school
4. Applicant must have a documented minimum cumulative grade point average of 3.7
5. Applicant must be a resident and student of Sacramento County or the City of West Sacramento, California for at least one year, OR be a relative of a SAR Member or Affiliate and have a valid California Driver's License or California Identification Card
6. Qualifying applicants will be invited to complete an in-person interview at the SAR Office in May - Exact Date and Time TBD

Type or use black or blue ink only. Print neatly. Attach additional sheet(s) if space is needed.

**SECTION A - Applicant's Identification Information**

Date of Application: \_\_\_\_\_

1.	Your Name:		
2.	Permanent Mailing Address:		
3.	Main Phone: (    )	Alternate Phone: (    )	
4.	Email:	7.	State of Residence:
5.	Date of birth:    /    /	8.	Proof of Residence (State ID, Drivers Lic. #, Passport):
6.	Are you a resident of Sacramento County or the City of West Sacramento? <input type="checkbox"/> Yes <input type="checkbox"/> No	9.	<b><u>Name(s) and relationship</u></b> of past or present SAR Member you're related to:
10.	Name(s) of Parent Guardian(s):		
11.	Address of Parent/Guardians(s):		
12.	Parent/Guardian Phone: (    )		
13.	Parent/Guardian Email:		

**SECTION B - Applicant's Education Information**

10. List high school attended.

Name of High School	From	To	GPA (weighted or unweighted)

11. What is your degree objective?  Certificate  Associate (AA)  Bachelor (BA/BS)  Other \_\_\_\_\_

12. Date which you expect to complete this objective: Month: \_\_\_\_\_ Year: \_\_\_\_\_

13. List any college courses you have previously taken, if any: \_\_\_\_\_

14. In which specific field are you planning your career? \_\_\_\_\_

15. List any scholarship(s) you have received within the last four years: \_\_\_\_\_

16. How did you learn of the SAR scholarship? \_\_\_\_\_

**SECTION C - Applicant's Financial Information (Additional information may be requested)**

21. Can you be claimed as a dependent on someone else's tax return?  Yes  No

22. How will your tuition and living expenses be paid? \_\_\_\_\_% Family \_\_\_\_\_% Work  
 \_\_\_\_\_% Scholarships/Grants \_\_\_\_\_% Other: \_\_\_\_\_

23. Total Household Income in current year:  0-\$25,000  \$25,000 - \$50,000  \$50,000 - \$75,000  
 \$75,000 - \$100,000  \$100,000 or above

24. List the applicant's current savings, trust funds or other assets: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Applicant Employment Record (List current employer first)

Company:	From:	To:	Salary:
Address:	Supervisor:		
Phone Number:	Job Title:	Hrs/week:	
Reason for Leaving:			
Company:	From:	To:	Salary:
Address:	Supervisor:		
Phone Number:	Job Title:	Hrs/week:	
Reason for Leaving:			

**SECTION D - Applicant's Extracurricular Activities (Attach a separate sheet if additional space is needed)**

26. Club Memberships/Professional Societies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. Sports: \_\_\_\_\_  
 \_\_\_\_\_

28. High School Government Involvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION E – References – Three references are required. At least two must be academic references and the third may be academic or a personal reference. Your references must sign the application. Letters of referral are welcome but not required.**

(1.) Instructor's Name:	Position: Instructor of
Signature:	Phone Number (     )
(2.) Instructor's Name:	Position: Instructor of
Signature:	Phone Number (     )
(3.) Name:	Position:
Signature:	Phone Number (     )

**By signing this application, I certify that all the information I have provided is true and correct to the best of my knowledge. I understand that falsification of any portion of this application is grounds for my withdrawal from consideration.**

***I also understand that if I am awarded a scholarship I will have a picture and overview posted online, unless otherwise discussed.***

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FILING DEADLINE: Friday March 31, 2017 @ 4:30 p.m.  
NO LATE APPLICATIONS WILL BE ACCEPTED.**

*Please submit your completed application and supporting materials to the following address:*



**Scholarship Foundation Trust**  
2003 Howe Avenue  
Sacramento, CA 95825  
**Tel:** (916) 437-1211, **Fax:** (916) 779-3945  
**Email:** [mhall@sacrealtor.org](mailto:mhall@sacrealtor.org)  
**Attn: Madison Hall, Events Manager**

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Reviewed for Completion by: \_\_\_\_\_

Follow Up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_