

For A Child's H.E.A.R.T., Inc.



Homes, Ethnicity, Advocacy, Resources, Training

164 Robles Drive #168 , Vallejo, California 94591

Tax ID #68-0349160

Phone: (707) 553-1971 / Fax: (707) 553-1969

May 2008

Dear Scholarship Applicant:

“HEART” takes great delight in supporting our young people who, despite various life obstacles and distractions, are determined to do something positive with their lives. You are one of those young people!

Attached is the application form to apply for our Academic and/or Transitional Living Scholarship. Please take time to give sincere thought to your responses, and if you need more space to complete your responses, please attach another page.

The application can be typed or hand PRINTED, and must be legible. Neatness will be as very important factor in reviewing applications. If you need to you may ask someone to assist you, but please do not have someone else to answer the questions for you.

*The completed application must be received (e-mailed, faxed, mailed or hand delivery) in our office no later than **3PM on Monday May 19, 2008.***

Scholarships will be announced and awarded on Saturday, 5/31 during our Foster Pride Celebration and Awards Dinner at 6:30 PM. (See flier attached).

*You must be present to receive your award and are also expected to attend our **Foster Pride Empowerment Workshop from 9:30AM to 5PM** on the same day as well. I know it will be a long day, but I believe it will be more than worth the time and effort if you're **SERIOUS** about stepping into your greatness and reaching your goals. If you are employed, put in your request for the day off **NOW**.*

If you have any questions e-mail or call me. I look forward to spending the day with you and granting you the desire of your HEART. (:

Hearts & Hugs,

*Ms. Evelyn
Founder/Executive Director*

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SCHOLARSHIP APPLICATION

DEADLINE: Monday, 5/19/08
(Please TYPE or PRINT NEATLY)

Type of Scholarship Requesting: _____ **ACADEMIC** _____ **TRANSITIONAL LIVING**

NAME: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____

CITY/STATE: _____ **PHONE:** _____

YEAR OF H.S. GRADUATION: _____ **GPA:** _____ **NAME OF SCHOOL:** _____

CURRENTLY REGISTERED IN SCHOOL/TRAINING PROGRAM?: _____ **PLANNING TO:** _____

NAME OF SCHOOL/PROGRAM: _____ **MAJOR/AREA OF STUDY:** _____

OF UNITS: _____ **BEGAN/BEGINNING:** _____ **GPA:** _____

EMPLOYER: _____ **LOCATION:** _____

JOB POSITION: _____ **FULL TIME:** _____ **PART-TIME:** _____

SINCE: _____

CURRENT LIVING SITUATION/SUPPORT: _____

COMMUNITY ACTIVITIES/INVOLVEMENTS: _____

WHAT ARE YOUR GOALS?: _____

WHAT IS YOUR AREA OF GREATEST FINANCIAL NEED?: _____

HOW MUCH \$ WOULD HELP YOU WITH THIS NEED?: _____

HOW WOULD THIS SCHOLARSHIP HELP YOU TO ACHIEVE YOUR GOALS?: _____

WHY IS IT IMPORTANT TO YOU?: _____

WHY WOULD "H.E.A.R.T." BE PROUD TO SUPPORT YOU?: _____

IS THERE ANYTHING ELSE YOU'D LIKE FOR US TO KNOW ABOUT YOU?

I Certify that all of the information I've stated in this application is true and complete, and that I have not withheld or falsified any information. I understand that if the information I've provided is found to be false it may be cause for my application/award to be revoked.

Signature

Date