

2024 SCHOLARSHIP APPLICATION

FOR KOINONIA, CONFLUENCE, CONFLUENCE WEST, MAIDU, ADELANTE, INDEPENDENCE, VICTORY, PHOENIX, and ROCKLIN ALTERNATIVE EDUCATION CENTER (RAEC)

Download, complete and email this application to your high school counselor by **April 1**, **2024**. The counselor will review it and email the completed application and the required attachments to scholarships@algreaterplacer.org by April 8, 2024.

If a question on this application does not apply to you, write N/A. Birthdate Last Name 1 First Name 2 Contact Information Street City _____ State ___ ZIP ____ Home Phone _____ Cell Phone _____ *Email address (*not school email) Preferred method of contact text email cell phone home phone 3 Indicate current high school ☐ Adelante ☐ Confluence West Maidu Confluence RAEC Independence Victory Phoenix Counselor _____Teacher/Advisor _____ Overall GPA _____ Graduation date ____ Type of Diploma _____ Number of years you attended this high school _____

4	I will be attending				
5	Contact information of parent(s) or legal guardian(s):				
	Name of parent/legal guardian 1				
	Street				
	City State ZIP	:			
	Home Phone Cell Phone				
	Name of parent/legal guardian 2				
	Street				
	City State ZIP	1			
	Home Phone Cell Phone				
6	Indicate the highest level of education of parent/legal guardian 1	0			
	☐ Elementary ☐ Middle School ☐ High School ☐ Trade School				
	Years in college	Postgraduate Degree			
	cate the highest level of education of parent/legal guardian 2 Elementary Middle School High School Trade School				
	Years in college	Postgraduate Degree			

7	The following information is requested because some donors and grants request this for funding.				
	I identify my ethnicity as (select all that apply):				
	Asian Native American	Asian 🗌 Native American 🔲 Black/African American 🔲 Pacific Islander			
	☐ Hispanic/Latino	Other (specify)			
	☐ Prefer not to answer				
	I have childhood experience with (select all that apply):				
	☐ Homelessness ☐ Emotional abuse ☐ Physical abuse or neglect ☐ Sexual abuse				
	Parent treated violently Household substance abuse Household mental illness				
	☐ Foster care ☐ Parental separa	ation or divorce	old member		
	☐ Prefer not to answer				
8	EMPLOYMENT HISTORY List full and part-time employment				
	Employer name / business	Your position	Dates of employment		
9	EXTRA-CURRICULAR ACTIVITIES List school extra-curricular activities in which you have participated. Note leadership roles and dates.				
10	ORGANIZATIONS List community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.				
11	RECOGNITIONS List important awards and recognitions received. Name the organizations presenting the honor and date awarded.				

12	EDUCATIONAL GOALS		
	☐ I plan to attend a 1 to 2-year program in a vocational school and graduate with a certification or license.		
	☐ I plan to attend a 2-year community college and graduate with an Associate's Degree.		
	☐ I plan to attend a 4-year college or university and graduate with a Bachelor of Arts or Bachelor of Science degree.		
	☐ I plan to attend a 2-year community college and then transfer to a 4-year college or university.		
	Other (Please explain)		
13	FINANCES How do you plan to pay for college? What resources are available to you?		
14	OTHER SCHOLARSHIP OR GRANT APPLICATIONS		
	Date you submitted (online) the Free Application for Federal Student Aid (FAFSA)		
	Have you submitted other scholarship applications? Yes No		
	List applications submitted and funding received, if any.		

15	PERSONAL ESSAY Please answer the following questions as part of your essay. Maximum 1000 words.		
	1) Describe your greatest challenge and how you overcame it. 2) What is the most important thing we should know about you? 3) What do you want to study and why? 4) Why do you want this scholarship?		
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16	The items in Section #16 below MUST be submitted with this application.					
	Student and Counselor must check TYES.					
	Two letters of recommendation from non-family members (teachers, counselors, principal, community leaders) familiar with your community service and other activities and achievements.					
	Student YES Cour	selor 🗌 YES				
	Proof of college acceptance or current student enrollment.					
	Student TYES Coun	selor 🗌 YES				
	Proof of submission of the Free Application for Federal Student Aid (FAFSA).					
	Student TYES Count	selor YES				
	Most recent high school transcript. (Provided by the counselor)					
	Counselor YES					
	Recent photo of yourself.					
	Student TYES Couns	selor 🗌 YES				
17	I have answered N/A above for all questions 1-16 that do not apply to me. (Counselor must affirm.)					
	0	elor TYES				
	STATEMENT OF ACCURACY					
will no	rm that all the above stated information provided by plarship Committee is true, correct and without forge not consider an application if any information is tacted for a personal interview with the selection	ry. I understand that the selection committee missing. I understand that I will be				
before	understand that if chosen as a scholarship recipient, according to Assistance League of Greater Placer's scholarship policy, I must be enrolled/registered at the post-secondary institution of my choice before scholarship funds can be awarded. If chosen as a scholarship recipient, I agree to communicate with a mentor assigned to me through the Assistance League of Greater Placer Scholarship Program.					
Signatu (Your ty	Signature of scholarship applicant Date Date Your typed name will serve as your signature.)					

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