**SCHOLARSHIP APPLICATION DEADLINE JULY 1**

Each year two $500.00 Academic Scholarships will be awarded. Former or current **Orange County Foster Children** are invited to apply. Applicants must be applying for, or currently enrolled in, a training/education program or College. This award can be utilized for tuition, fees, books, supplies or equipment required for the Student’s courses.

All applications must be completed, signed by the applicant, and submitted by July 1. The Scholarship Committee will determine the designated recipients. Scholarship recipients will be notified of their status by September 1.

**\*Form must be filled out on computer\***

**Please save completed form as ‘YOUR NAME-SCHOLARSHIP’ and return the completed form as an attachment via Email to:**

Email: FosterCareAux@Yahoo.Com

Foster Care Auxiliary, 333 S. Brookhurst Street, Anaheim, CA 92804

Student Name and Date of Birth:      Click here to enter text.Address: Click here to enter text. Phone/Cell Number: Click here to enter text. Email: Click here to enter text. Foster Parent(S) Name: Click here to enter text. Address: Click here to enter text. Phone Number: Click here to enter text. Email: Click here to enter text. During which year(s) were you in the care of this parent?: ­­ Click here to enter text. Present living situation: Click here to enter text. Last High School attended & year: Click here to enter text. Address, City, State, Zip Code of high school: Click here to enter text. If Graduated, Date of Graduation and GPA: Click here to enter text. What other grants/scholarships have you applied for? Click here to enter text. Have you received any grants/scholarships? Click here to enter text.

**Please Complete All Of The Following Sections. (Use as much space as needed)**

1. Extra Curricular Activities: Click here to enter text.
2. Volunteer Experience Click here to enter text.
3. Past and Current Work Experience Click here to enter text.

1. Awards, Honors, Achievements Click here to enter text.
2. Are you presently enrolled in college or a Training/Education Program? If so, where? Click here to enter text.

Also, please explain the goals that you hope to accomplish through the program. If you aren’t currently attending college or a training/education program, where are you planning to attend and what steps have you taken to get there? Why have you chosen that particular program or school? Click here to enter text.

1. What goals do you have for your future and how will this scholarship help you to achieve them? Click here to enter text.
2. Personal Statement: Please tell us about yourself, your future plans, and how this scholarship will help you achieve those goals. Include how being a foster child has affected your life. Click here to enter text.

**References:** Teachers, Counselors, Employers, Foster Parents, Social Workers, Etc.

Please obtain at least two reference letters.

Please have your references send their letter directly to us by email as an attachment, named ‘YOUR NAME –SCHOLARSHIP REFERENCE’ to FosterCareAux@yahoo.com , or by mail to Foster Care Auxiliary, 333 S. Brookhurst Street, Anaheim, CA 92804.

Attention: Scholarship Committee. Be sure your reference includes your name on their letter, and let them know that we will need the letter by July 1.

 Please list the information from your references below, so we may follow up if needed.

**Reference 1 -** Name, Title/Profession: Click here to enter text. City, State, Zip: Click here to enter text. Phone Number, Email: Click here to enter text. Relationship & Years Acquainted: Click here to enter text.

**Reference 2** - Name, Title/Profession: Click here to enter text. City, State, Zip: Click here to enter text. Phone Number, Email: Click here to enter text. Relationship & Years Acquainted: Click here to enter text.

I \_\_ Click here to enter text. \_\_ certify that the information included in this application is true, complete, and accurate. In addition I hereby grant FCAOC permission to review my academic records and contact my references in consideration for this scholarship. I understand that this information will be held in confidence and will be used solely for the purpose of the scholarship selection.

 Date: \_\_ Click here to enter text. \_

If form completed by anyone other than applicant please indicate here and indicate relationship:

Name\_\_ Click here to enter text. \_\_\_

Relationship to Applicant\_\_ Click here to enter text. \_\_\_ Contact Information\_\_ Click here to enter text. \_\_\_

FOR FCAOC USE ONLY

Date Application Received: \_\_ Click here to enter text. \_Date Application reviewed: \_ Click here to enter text. \_\_

Reviewed by: Click here to enter text.

Reference 1 received: \_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_ Reference 2 received: \_\_ Click here to enter text. \_\_\_\_\_\_\_\_\_