

SCHOLARSHIP APPLICATION

Today's Date _____

HAVE QUESTIONS OR NEED ASSISTANCE WITH YOUR APPLICATION?

Please call 209-468-7635 or email us at MgFoundation01@gmail.com

Please mark what date you will begin school. If you are already enrolled, mark the start of the next semester.

Summer 2018 Fall 2018 Spring 2019

ELIGIBILITY

1. I am currently or have been in foster care. YES NO
2. I currently live in San Joaquin County. YES NO
3. I do NOT currently live in San Joaquin County, but was in foster care in San Joaquin County. YES NO
4. Attached is a copy of your Ward of the Court letter. If you need a copy of this letter, please request a copy via email at MgFoundation01@gmail.com YES NO

PERSONAL INFORMATION

NAME: Last	First	Middle	
Social Security Number	Age	Birthdate	Telephone ()
ADDRESS: Street/PO Box	City	State	Zip
Email Address			

EDUCATIONAL BACKGROUND *Please attach a copy of your transcript.*

I am currently in HIGH SCHOOL (Name) **-or-** I am currently in COLLEGE (Name)

-or- Neither, at this time I am currently:

I will graduate/did graduate from: _____ Date:(Mo/Yr) _____

Academic Honors or Achievements: _____

Extracurricular Activities (teams, clubs, volunteer, etc.): _____

I plan to attend/am enrolled at: (Name of College/Vocational School, City and State) _____

I have applied for admission. YES NO If yes, I have been accepted YES NO
I have applied for financial aid. YES NO I have applied for the Chafee Grant YES NO

The Foundation does not currently fund scholarships for graduate school.

EMPLOYMENT EXPERIENCE

Are you working now? YES NO If yes, how many hours per week? _____

If yes, where? _____

Title _____ Job duties _____

Do you plan to continue to work during school? YES NO



PERSONAL STATEMENTS

INSTRUCTIONS: Answer the following questions in the space provided below, and attach additional pages if necessary.

What achievements, activities, experiences, etc. do you think best qualify you for this scholarship?

What are your educational and career goals?



Describe your current support system *(Biological and/or foster, family, teachers, social worker, friends, etc.)*

Name _____

Signature _____ Date _____

(If emailing - please type your name on both lines.)

