

SCHOLARSHIP APPLICATION

Today's Date _____

HAVE QUESTIONS OR NEED ASSISTANCE WITH YOUR APPLICATION?

Please call 209-403-5654 or email us at Director@MaryGrahamFoundation.org

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

Summer _____ **Fall** _____ **Spring** _____
(YEAR) (YEAR) (YEAR)

ELIGIBILITY

- 1. I am currently or have been in foster care. YES NO
Who is your social worker? _____
- 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 my Ward of the Court letter. YES NO
If you need a copy of this letter, please request a copy via email at Director@MaryGrahamFoundation.org

PERSONAL INFORMATION

NAME: Last _____ First _____ Middle _____

Social Security Number _____ Age _____ Birth date _____
(DD/MM/YYYY)

ADDRESS: Street/PO Box _____

City _____ State _____ Zip _____

Email Address _____ Telephone _____
(Area Code + Number)

EDUCATIONAL BACKGROUND Please attach a copy of your transcript.

A: I am currently in HIGH SCHOOL **B:** I am currently in COLLEGE **C:** NEITHER A or B

A: I will graduate from (Name of High School, City and State): _____ Date:(Mo/Yr) _____

B: I am enrolled at (Name of College, City and State) _____

C: If not in school, tell us what you are doing. _____

The Foundation does not currently fund scholarships for graduate school.

CURRENT/FUTURE EDUCATIONAL PLANS

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

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: Thoughtfully and thoroughly 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.)

List additional extracurricular activities here (clubs, jobs, teams, volunteering, etc.)

Name _____

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

