



SACRAMENTO REGION
COMMUNITY FOUNDATION

The AVID-COLLEGE HORIZONS Scholarship

A Program of the Sacramento Cal-SOAP Consortium & the Capitol Region AVID Center

Administered by the Sacramento Region Community Foundation

Purpose and Amount

The College Horizons Scholarship is a “last dollar grant” and is intended to address any unmet need left after a student has received his or her financial aid package. Graduating seniors who are attending a Sacramento County high school and who have participated in the AVID program for a minimum of three (3) years in high school are eligible to apply for this award.

Scholarship awards typically range from \$500 to \$1,500 and are renewable on an annual basis. Students may be eligible to receive a College Horizons scholarship for up to four years.

Eligibility

To be eligible, an applicant must be:

- A participant in the AVID program (minimum 3 years in high school)
- A graduating senior at a Sacramento county high school
- Admitted and enrolled in a four year college or university with a minimum of 12 units

In addition, applicants must be able to demonstrate need by submitting a financial aid award letter from their college.

Relatives of AVID or Cal-SOAP staff or board members are not eligible.

Selection

The selection committee will review each application from eligible candidates. Finalists will be selected based upon how well they meet the scholarship selection criteria, including financial need, academic performance and the letter of recommendation.

Award

The scholarship will be issued over the course of one academic year. Continuous, full-time enrollment (no fewer than 12 units per quarter/semester) is a requirement. Recipients must provide proof of enrollment and a grade report to the Sacramento Region Community Foundation each semester or

quarter in order to receive disbursements. The Sacramento Region Community Foundation will disburse the award directly to the college or university’s financial aid office on behalf of the recipient with a letter explaining that the grant is intended to address a funding gap and should not result in a reduction in aid from other sources.

How to Apply

Submit a complete application package by the specified due date. Use the following **application package checklist** to make sure your application package is complete:

- A completed application packet
- A copy of your personal statement or college admissions essay (no more than 800 words)
- A resume of your extracurricular activities, community service, and/or work experience
- 2010-2011 Student Aid Report (SAR) showing the Estimated Family Contribution (EFC)
- A letter of recommendation from a teacher or counselor
- A copy of your high school transcript/s
- A copy of the financial aid award letter from your college or university showing award amount and cost of attendance

Please visit www.sacregcf.org to obtain additional information and application materials. For questions, please contact our office at (916) 921-7723 or scholarships@sacregcf.org.

Deadline

The deadline to apply is **June 1, 2010**. Please mail the completed application packet to:

Monica Roberts
Sacramento County Office of Education
10474 Mather Blvd.
Sacramento, CA 95826-9003

Incomplete applications and those received after the deadline will not be considered.

NO EXCEPTIONS

AVID® - College Horizons Scholarship

of the Sacramento Region Community Foundation

Read eligibility requirements before applying. Print or type all information.

Incomplete or late applications will not be considered.

Postmark deadline June 1, 2010

APPLICATION PACKET CHECKLIST AND COVER SHEET

In order to be considered for a scholarship award, the following supporting documents must be sent to the address below, and **postmarked by June 1, 2010**. Incomplete applications will not be considered.

- Complete **all** sections of this application
- A copy of your college admissions essay or a personal statement (no more than 800 words)
- A resume that includes your:
 - ✓ School-based extracurricular activities
 - ✓ Community service
 - ✓ Work experience
- 2010-2011 Student Aid Report (SAR) showing the Estimated Family Contribution (EFC) (See attached sample.)
- A letter of recommendation from a teacher or counselor describing your academic potential and motivation. Choose wisely from among those who know you well.
- A copy of your high school transcript/s
- A copy of the financial aid award letter from your college or university showing award amount and cost of attendance

Prior to submitting your application, please use this checklist to certify your application is complete and ensure that it will be considered.

Mailing Address

Monica Roberts
Sacramento County Office of Education
P.O. Box 269003
Sacramento, CA 95826-9003

For Hand Delivery

Monica Roberts
Sacramento County Office of Education
10474 Mather Blvd.
Sacramento, CA 95826

Late or incomplete applications **will not be considered**. It is the student's responsibility to make sure all elements are postmarked on or before the deadline of **June 1, 2010**.

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Student's Name _____

Address _____

City _____ State _____ Zip: _____

Telephone _____ E-mail _____

Date of birth _____

Are you currently a foster youth? Yes No

Have you ever been a foster youth? Yes No

PARENT/GUARDIAN INFORMATION

Name _____

Address _____

City _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

ACADEMIC INFORMATION

High school _____

What college do you plan to attend in 2009-2010?

Type of Institution Private Public Community College

Do you plan to work while in college? Yes No

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Applicant Signature

If selected as a scholarship recipient, I understand I will be required to submit verification of enrollment and my grade point average prior to receiving payment. I understand I will not receive payment until this information has been received and reviewed. I certify that all information submitted is true and complete for consideration as a grant recipient.

Signature

Date

Photo & Information Release

I give to the AVID – College Horizons Scholarship Program permission to use, publish, and republish reproductions of my likeness (photographic or otherwise), and essay narratives with or without identification of me by name, for purposes of communicating the work and purpose of the Foundation e.g. annual report, brochures, electronic presentations, newsletters, etc.

Name of person photographed or recorded (please print)

Phone Number

Street Address

City

State

ZIP

Signature

Date

Consent of Parent or Legal guardian if above individual is a minor (under 18)

Name (please print)

Relationship

Signature

Date

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Postmark deadline June 1, 2010

Sample Student Aid Report (SAR) – Page 1 (Printed On-line Version)

Print Summary

Print Summary

The document below is a COPY of your entered data. This is for your records only. Do NOT mail this page to Federal Student Aid. We will not return this copy to you.

To print this page, select Print This Page.

To view this page, move your browser's vertical scroll bar upward or downward, or press the **Page Up** or **Page Down** key on the right side of your computer keyboard.

PRINT THIS PAGE

PRINT HELP

CLOSE WINDOW

**THIS IS A COPY OF YOUR 2010-2011 SAR PRINT SUMMARY
DO NOT MAIL THIS DOCUMENT OR A COPY OF THIS DOCUMENT TO FEDERAL STUDENT AID.**

Student ID XXX-XX-1234
EFC: 0
DRN: 6789

Form Approved
OMB No. 1845-0008
App. Exp. 12/31/11

Step 1. (Q1 – Q32)	
Student's Last Name	Song
Student's First Name, Student's Middle Initial	Hera
Student's Permanent Mailing Address	3456 Music Way
Student's Permanent City	Anthem
Student's Permanent State, Student's Permanent Zip Code	CA 95814
Student's Social Security Number	XXX-XX-1234
Student's Date of Birth	07/04/1992
Student's Permanent Home Phone Number	9169876543
Student's Driver's License Number	
Student's Driver's License State	
Student's E-Mail Address	singasong@fotw.net