

Instructions:

- Download form, complete, print, and submit
- Form must be typed
- Do not leave sections blank. If not applicable type N/A or 0
- Deadline for Submission is February 2, 2018
- Submit the completed forms to your community college's College Scholarship Office as noted in the Undergraduate Letter

Application

First Name	Middle		Last Name		
Current Address			City	State	Zip ⁵ digit
Mailing Address (if different) City		City	State	Zip 5 digit	
Email Address:			Best Telephone No to Contact You (555) 555-5555		
Gender	Marital Status	Ethnic Group African American/Black Latino(a)/Hispanic/Chicano(a) Native US Pacific Islander <i>enter tribal or island affiliation</i> Native American***/Alaskan <i>enter tribal affiliation if checked</i>		Date of Birth	
Male	Single			Place of Birth	
Female	Married or in			Military Service	Yes No
Gender Neutral	a domestic partnership Divorced/ Separated/or Widowed			Community College	Contra Costa Diablo Valley Los Medanos
Dependents Yes No	Names		Ages	Dependents Relationship (e.g. son, daughter)	
•	y completed at least 1 or to the scholarship de es?			Yes	No
And Are you curren	tly attending a four-yea	ar college/university?		Yes	No
If so, how man	y units have you comp	leted?		Completed Units	
And, how man	y units are you curren	tly enrolled in?		Units Enrolled In	
When do you expe	ct to transfer as a jur	nior to a four-year co	bllege/university?	Fall 2018	Spring 2019
Completed Transferable Units:		Transferable Unit G Point Average (GPA		Overal Grade Point Average (GPA):
	omplete your currently a sufficient units to tran			Fall 2018	Spring 2019

Application Form Continued

College Major

Anticipated four year college major:	Educational and/or vocational goals after graduation:

College Applications And Estimated Total School And Living Cost (List Up To 5)

College	Have you applied?	Estimated School Year Costs
	Yes No	\$

How will you pay for the junior year of the four year college you plan to attend and all other expenses you may incur while in college? List every source and amount. Give potential school year amounts and asterisk (*) those you have been awarded already or believe likely to be received.

College	Current School Year \$ Granted Student	Will you apply for your junior year?	\$ Expected to receive for your junior year
Pell Grant/FSEOG Fed Supplementary Ed Opportunity Grant	\$	Yes No	\$
Cal Grant A and/or B (including Dream Act)	\$	Yes No	\$
Military Service Benefits	\$	Yes No	\$
Other State, Federal, College, Private and/or any other grants or scholarships	\$	Yes No	\$
Income & support from work & all other sources by you and your spouse	\$	Yes No	\$
Parents, family or any other source of funds	\$	Yes No	\$
Loans	\$	Yes No	\$
Will you live with Parents or Relatives while you attend school at a 4 Year College or University?		Yes No	

If you currently have any loans, complete the following section.

Name of Organization	Amount	Amount if Any in Default	
	\$	\$	
	\$	\$	
	\$	\$	

If you are not applying for Pell and/or Cal Grants or if you are not filing a FAFSA and/or Cal Grant Dream Act application, explain why not?

Please fully explain the your sources of income and all other support or explain your inability to do so in the space provided after sources of income.

Source of Income & All Other Support	You	Your Spouse	Parents (not required if applicant is 25 years old or older)
Employment position			
Yearly earnings	\$	\$	\$
All other income and support - food stamps	\$	\$	\$
All other income and support - welfare	\$	\$	\$
All other income and support - child support	\$	\$	\$
All other income and support - other	\$	\$	\$
Net value of savings, investments, and real or other property owned	\$	\$	\$
Cars owned by you and/or your spouse	Brand Model Year	Brand Model Year	
Number and ages of parents' dependents			

Include any necessary explanations in the space provided below:

What is your "Expected Family Contribution" from your Student Aid Report ("SAR")? \$

	Expected family contribution
Expected family contribution from your student Aid Report (SAR)	\$

Please attach a copy of your SAR or FAFSA application or Cal Grant Dream Act application (sections B-E) if you have not received a SAR. If you have not filed a FAFSA or Cal Grant Dream Act application, your Community College Financial Aid Office ("FAO") can assist you. If you do not provide a SAR, FAFSA or Cal Grant Dream Act application, please provide your family's tax returns or other specific information relevant to your need or explain failure to do so in the **explanatory notes** section that follows.

Applicants should also address financial support & need in detail in their autobiographical essay.

Community Service provided by applicant to or through organizations or otherwise

List Community Service Organizations (list up to 5)	Est. Total Hours Worked	From (MM/DD/YY)	To (MM/DD/YY)
1	Hrs:		
2	Hrs:		
3	Hrs:		
4	Hrs:		
5	Hrs:		

I prepared this application and the information it contains is true and complete to the best of my knowledge and belief:

Applicant Name (printed)

Applicant signature in black or blue ink

Date

Notes

1. The number of Kennedy-King scholarships awarded each year is dependent upon the amount of money raised. Kennedy-King is an all-volunteer organization with no paid staff. Over ninety percent of the financial contributions from the community go directly to scholarships. Unfortunately, each year we receive many more applications from deserving students than we can fund. Consequently, selection for a scholarship is quite competitive. If we are not able to fund a scholarship for you, do not be discouraged. Know that we wish you success in pursuing and achieving your educational goals.

2. All complete and timely filed applications will be reviewed. Students selected for interviews (and those not selected) will be notified by e-mail by mid-March. The scholarship selection interviews will only be held Saturday morning, March 24, 2018, at DVC. No alternate arrangements will be made. **Please do not apply if you know you cannot attend.**

3. If you are selected for an interview, note the following.

- a. Each interview is scheduled for 20 minutes with a panel of three interviewers.
- b. The interview is designed to give the interviewers an opportunity to get to know you and ask questions.
- c. You can and should supplement and explain anything you believe may not have been clear in your application or which you want to be sure the interviewers remember about you.
- d. Present yourself as though you are interviewing for a job.
- e. Dress professionally.

4. You will be notified by letter as to the outcome of your interview within approximately one week of the interview.

5. Kennedy King Scholarship funding will commence in the fall, 2018 (or spring, 2019) after acceptance, transfer with Upper Division (junior) standing and enrollment in a qualifying four-year college or university.

No advance funding will be provided.

Explanatory Notes To Application Answers

Insert Here:

Autobiographical Essay

Provide below a two - three-page autobiography in the space provided at the end of this form.

Assuming you meet the qualifications for a Kennedy King Scholarship (see cover letter to applicants), your application will be evaluated upon the following criteria:

- 1. Demonstrated Financial Need
- 2. Academic Achievement & Potential
- 3. Community Service & Involvement
- 4. Personal Attributes (e.g., Character, Integrity, Responsibility, Commitment, Determination, Hard Work, Achievements, Hardships Overcome, Life's Goals, etc.)

To the extent that you believe your application may not otherwise fully reflect the above, you should specifically address those subjects in your autobiographical essay.

In light of these criteria, and other factors you believe relevant, answer the question: why do you believe you should be given a Kennedy King Scholarship?

Publication Summary

We need a "Publication Summary" in approximately 75 words or less that tells your story as set forth in your Autobiographical Essay. This may be used for publication in the Kennedy King dinner program and for distribution to news media and the Internet if you are selected for a scholarship. It is the primary instrument we use to show our donors that their money is being used to assist needy and worthy scholarship recipients who have worked hard, overcome difficulties, contributed to their communities and have the strength, character and potential to do well in college and after. **It is an important part of your application.**

Please do not use the Publication Summary to thank family, friends, teachers and others, or to proclaim broad social platitudes as such language will be edited out of the summary. We reserve the right to edit your summary, as we believe appropriate in our absolute discretion and to modify it with information extracted from other parts of your application including your autobiographical essay. Begin Summary with your **Full Name and Community College.**

Complete this in the space provided at the end of this form.

Authorizations

The scholarship applicant is responsible for obtaining all transcripts and financial documents that must accompany the scholarship application. Please sign the following authorizations that give the Kennedy-King Memorial College Scholarship Fund, Ltd., and its authorized representatives, the right to receive such information. Please list all colleges (including all CCCCD and all other community colleges) and universities attended.

Student ID Number	From (MM/DD/YY)	To (MM/DD/YY)
	Student ID Number	

Financial Authorization

I give permission to the Kennedy-King Memorial College Scholarship Fund, Ltd. ("Kennedy King"), and its authorized representatives, to receive information about my financial status from the above colleges and universities and those I later attend where I received or was qualified to receive Kennedy King Scholarship funds.

Applicant Name	(printed)
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Applicant signature in black or blue ink Agreement to provide Financial Authorization

Date

Authorization For Transcripts

I give permission to the Kennedy-King Memorial College Scholarship Fund, Ltd., and its authorized representatives, to receive a transcript of my courses, units and grades from the above colleges and universities and those I later attend where I received or was qualified to receive a Kennedy King Scholarship funds, including specifically final graduation transcripts, awards, and graduation status and information.

Applicant Name (printed)

Applicant signature in black or blue ink Agreement to provide Authorization for Transcripts Date

Permission Form

I hereby give my permission to the Kennedy-King Memorial College Scholarship Fund Ltd. and its board members, officers, agents and designees, including photographers and the Contra Costa Community College District (collectively "Kennedy-King") to photograph, videotape and interview me, and to use the foregoing and information from the application I submit, including my pictures, success story, quotes and/or other information (collectively the "Materials") in connection with Kennedy-King's scholarship awards and fund raising activities. These activities may include advertising, promotion, news stories and releases, web, Internet, video and television activities, etc.

I understand and agree that the absolute right and permission here granted is unlimited as to use of the Materials for the purposes described above, and that:

- 1. These Materials will become the property of Kennedy-King and will not be returned;
- 2. The use of the Materials will be without any compensation to me, my heirs or assigns;
- 3. Kennedy-King may edit, alter, copy, exhibit, publish and/or distribute the Materials;
- 4. I waive the right to inspect or approve the finished product in which the Materials appear;
- 5. I release and hold harmless Kennedy-King, the photographer, videotaping person, their officers, employees, agents, and designees from any liability, claims, demands, causes of action, or attorneys fees regarding the use of these Materials and my image or likeness, including for violation of any personal or proprietary right I may have in connection with such use.

I am 18 years of age or older, have read and understand this release, and sign this release voluntarily.

Applicant Name (printed)	Applicant Name (printed)
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Applicant signature in black or blue ink Agreement to this permission form.

Date

Parent or Guardian of Applicant if Under the Age of 18:

I represent that I am a parent/guardian of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

Parent or Guardian Name (printed)

Parent or Guardian signature in black or blue ink providing agreement to this permission form. Date

Parent or Guardian Contact Information			
Current Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone Number:	Mobile Phone Number:		

Autobiographical Essay Form

First Name	Middle	Last Name	
Community College	Contra Costa E	Diablo Valley Los	s Medanos

Essay – please limit to the space provided (two pages including this one)

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Essay Continued (Page 2)

Publication Summary (please limit to 75 words or less)

First Name	Middle	Last Name
Community College	Contra Costa D	iablo Valley Los Medanos