



2007 High School Scholarships Application

Type or print in BLACK INK. Complete BOTH SIDES. Include Name & Social Security Number on each page.

Application Checklist

A complete Cabrillo College High School Scholarship application includes:

- Signed Scholarship Application
- One page Student Statement
- One page Letter of Recommendation
- Sealed Official High School Transcripts

Submit to:

Cabrillo College
 Financial Aid & Scholarships Office
 6500 Soquel Drive, Building 100
 Aptos, CA 95003

**All documents must be submitted by 6p.m., Monday, March 5, 2007.
 Incomplete or late applications will not be accepted.**

Applicant Information

Full Name: _____
 Last First M.I.

Address: _____
 Street City State Zip Code

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____

Ethnic Origin*: _____
**Please list your ethnic origin so that you may be considered for the American Dream Scholarship*

Educational Experience & Goals

High School: _____ City: _____

Anticipated Graduation Date: _____ GPA: _____

Will you enroll full-time (12 units) at Cabrillo College Fall 2007?
 Yes No ** The Cabrillo College High School Scholarship requires full-time enrollment at Cabrillo College as a condition of receipt.*

Cabrillo Degree Objective(s): Associate's Degree in: _____ Transfer I will transfer to: _____
 (Name of four-year institution to which you will transfer)

Transfer/Higher Education Degree Objectives: Bachelor's Degree in: _____ Master's Degree in: _____ Doctorate in: _____

Student Income Information

Have you submitted a Free Application for Federal Student Aid (FAFSA) for the 2007-2008 School Year?
 Available online at www.fafsa.ed.gov 1/1/07 Yes No

If yes, did you list the Cabrillo College Federal School Code (001124) on your FAFSA? Yes No

Student's 2006 Annual Earned Income (income from work): \$ _____

Student's Projected 2007 Annual Earned Income (income from work): \$ _____

Student's Place of Employment: _____ Hours Worked per week: _____

Additional Income Amount & Sources: \$ _____

Additional Information to consider when assessing financial need: _____

For Office Use Only: Incomplete _____ Not eligible _____
 GPA _____ OHSS _____ Leoni _____ American Dream _____

Parent/Guardian Information (to be completed by Dependent Students only)

Parent(s) Marital Status: _____	Number of Dependent Children & Ages: _____
Number in Household attending college at least half time (6 units) Fall 2007: _____	Will the applicant be claimed as a Dependent on 2006 Federal Tax Return? Yes <input type="checkbox"/> No <input type="checkbox"/> For 2007? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent(s) 2006 Annual Earned Income: \$ _____	Parent(s) Projected 2007 Annual Earned Income: \$ _____
Parent(s) 2006 Non-Taxable Income: \$ _____	Parent(s) Projected 2007 Non-Taxable Income: \$ _____
Please list sources of Non-Taxable Income: _____	
Additional Information to consider when assessing financial need: _____	

Employment, Extracurricular Activities & Community Involvement

<i>Activity</i>	<i>Date(s) of Participation</i>

Academic/Community Honors & Recognition

<i>Award/Recognition</i>	<i>Given by</i>	<i>Date Received</i>

Disclaimer & Signature

I/We certify that my answers are true and complete to the best of my/our knowledge. If this application leads to an award, I understand that false or misleading information in my application or interview may result in my disqualification. I/We also authorize the Cabrillo College Financial Aid & Scholarships Office to release the information in this application to the Scholarship Review Committee and any other organization or its representatives to determine eligibility. The data contained herein shall remain confidential. I understand that if selected as a recipient, my name and likeness may be used in publicity regarding the scholarship. I further understand that full-time enrollment at Cabrillo College is a condition of receipt for any scholarship resulting from this application.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Dependent Students Only)

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