

Cabrillo College High School Scholarship Application

Type or print in black ink only. Complete BOTH sides. Be sure to include your name and social security number on each page. All applications must be postmarked by Wednesday, March 1, 2006.

Scholarship Funds

Please select the scholarship(s) for which you are applying.

- George Ow Family American Dream Scholarship for African American Students
- George Ow Family American Dream Scholarship for Asian American Students
- George Ow Family American Dream Scholarship for Other Minority Students
- Albert C. Leoni Memorial Scholarship
- Cabrillo College Outstanding High School Senior Scholarship

Applicant Data

Name _____ Date of Birth _____
Last First Middle Initial

Social Security # _____ Phone # _____

Address _____ M ___ F ___

Ethnic Background _____ Major _____

Degree Objective (AA/BA/MA) _____ Professional Goals _____

High School Data

School Name _____ County _____

G.P.A. _____ Graduation Date: _____

Parent/Guardian Information

Parents' marital status _____ Number of dependent children _____

Will the applicant be claimed as a dependent for 2005? _____ for 2006? _____

Parents' income for 2005? Father \$ _____ Mother \$ _____

Total number of family members attending college at least half-time during the next school year, including applicant. _____

Additional Information _____

Work Experience

Describe any work experience (i.e. babysitting, lawn mowing, office work etc.)

Position	Dates	Hours per Week	Amount Earned

Activities, Awards & Honors

List all school and/or community activities you have participated in during the past four years as well as any special awards or honors you have received.

Activity	Dates	Awards/Honors	Dates

Application Checklist

A completed Cabrillo College High School Scholarship includes:

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

ALL DOCUMENTS MUST BE SUBMITTED BY 6:00PM, Wednesday, March 1, 2006.

It is the responsibility of the applicant to submit all documents by the deadline date.
INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.

Submit all documents to:

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

Certification

I/We certify that the information on this form is true, correct and complete to the best of my/our knowledge.
I/We also authorize the Cabrillo College Scholarship Office to release the information in this application to the Scholarship Review Committee and any other organizations or its representatives to determine eligibility.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

For Office Use Only

Application Rec'd _____ G.P.A. _____ OHSS _____ Leoni _____ American Dream _____