

# CAL-SOAP COLLEGE ACCESS SCHOLARSHIP

## 2010 Scholarship Application Form



We will be awarding \$90,000 in College Scholarships to Cal-SOAP Program Participants enrolling at a Community College or University in the Fall of 2010. Scholarships will be awarded in the amount of \$2,500 for University students and \$1,000 for Community College students. **The deadline to apply is March 26, 2010.**

### SCHOLARSHIP CHECKLIST

- 1. Complete the Cal-SOAP College Access Scholarship 2010 Scholarship Application Form.
- 2. Answer **both** of the following questions. There is a 250 word limit per question. Responses must be typed, double spaced, and labeled by question number.
  - Question #1: How will this scholarship help you achieve your goal of going to college?
  - Question #2: How has Cal-SOAP assisted you in planning and preparing for college?
- 3. Complete a Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov). You will have to submit a copy of your FAFSA Submission Confirmation Page.
- 4. Obtain a current unofficial transcript.
- 5. The application packet (this application form, essays, FAFSA confirmation, and transcript) is due **March 26, 2010**, and may be submitted to the Cal-SOAP College Peer Advisor (CPA) at your high school or mailed to the Cal-SOAP office at the address below. Mailed submissions must be received in the Cal-SOAP office by the due date. Questions? Contact the CPA at your high school or Sara Sanchez at (562) 985-1481 or [ssanch10@csulb.edu](mailto:ssanch10@csulb.edu). A list of Frequently Asked Questions (FAQ's) can be found on the Cal-SOAP website at [www.csulb.edu/calsoap](http://www.csulb.edu/calsoap).

Cal-SOAP College Access Scholarship  
6300 State University Drive, Suite 255  
Long Beach, CA 90815

**\*\*Finalists will be selected and required to submit additional documentation before a scholarship will be awarded.\*\***

### CONTACT INFORMATION

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone

Cell Phone

E-Mail Address

(TURN OVER)

## GENERAL INFORMATION

Date of Birth (MM/DD/YYYY)

High School Name

### CITIZENSHIP STATUS

- U. S. Citizen  
 Permanent Resident  
 Other (Please Specify): \_\_\_\_\_

### GENDER

- Male  
 Female

### ETHNICITY (Please select the **one** option with which you identify.)

- Hispanic or Latino  
 Not Hispanic or Latino  
 Decline to State

### RACE (Please select **all** options with which you identify.)

- American Indian or Alaskan Native  
 Asian/Pacific Islander **OR**  Native Hawaiian or Other Pacific Islander

If you selected Asian/Pacific Islander or Native Hawaiian/Other Pacific Islander above, please specify below.

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> Filipino  |
| <input type="checkbox"/> Japanese     | <input type="checkbox"/> Hmong     |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Hawaiian  |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan    |
| <input type="checkbox"/> Laotian      | <input type="checkbox"/> Tahitian  |
| <input type="checkbox"/> Cambodian    |                                    |
- Black or African American  
 White  
 Decline to State

### COLLEGE PLANS

#### At which type of institution will the scholarship funds be used? (Check One)

- Community College  
 4-Year College/University

#### Indicate the names of your top three choice colleges/universities, in order.

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

### PARENT EDUCATION

#### Highest Level of Education Father Completed

- |   |  |
|---|--|
| <input type="checkbox"/> Elementary School      | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Jr. High/Middle School | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> High School            | <input type="checkbox"/> None            |
| <input type="checkbox"/> Vocational Program     | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Associate Degree       |  |

#### Highest Level of Education Mother Completed

- |   |  |
|---|--|
| <input type="checkbox"/> Elementary School      | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Jr. High/Middle School | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> High School            | <input type="checkbox"/> None            |
| <input type="checkbox"/> Vocational Program     | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Associate Degree       |  |

Please indicate your estimated annual household income. (Example: \$34,000/Year)

 / Year

Number of individuals living in the household.

## STUDENT & PARENT SIGNATURES

I certify that I have provided complete and accurate responses to all of the items on this application. If chosen to receive a Cal-SOAP Scholarship, I agree to comply with the terms and requirements of the scholarship.

Student Signature

Date

Parent Signature

Date

### OFFICIAL USE ONLY

Submitted by (Signature of Cal-SOAP CPA)

Date Submitted

Entered by

Date Entered