

CAL-SOAP COLLEGE ACCESS SCHOLARSHIP

2010 Renewal Scholarship Application Form



We will be awarding \$58,000 in College Scholarships to students 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.** You must have received a New or Renewal Cal-SOAP Scholarship in 2009 in order to qualify for this opportunity.

SCHOLARSHIP CHECKLIST

- 1. Complete the Cal-SOAP College Access Scholarship 2010 Renewal Scholarship Application Form.
- 2. Answer the two 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 continue your college education?
 - Question #2: Tell us about your college experience to date. You may want to write about: academics, clubs or groups that you are a part of, people that you have met, or other experiences.
- 3. Complete a Renewal Free Application for Federal Student Aid (FAFSA) at 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) must be received by **March 26, 2010**. Packets should be mailed to the Cal-SOAP office at the address below. Questions? Contact Sara Sanchez at (562) 985-1481 or ssanch10@csulb.edu. A list of Frequently Asked Questions (FAQ's) can be found on the Cal-SOAP website at 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

HIGH SCHOOL GRADUATION YEAR

- 2007
 2008
 2009

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

Name of the College/University you are currently attending

Name of the College/University you will be attending in Fall 2010 (if different from above)

Current Year in College

- 1st year
 2nd year
 3rd year
 4th year
 Other: _____

College Major

Number of College Units Completed

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 | |

STUDENT SIGNATURE

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

OFFICIAL USE ONLY

Entered by

Date Entered