



A CALIFORNIA STUDENT OPPORTUNITY & ACCESS PROGRAM

Cal-SOAP College Access Scholarship Scholarship Application Form 2009

Last Name First Middle Initial

Address City State Zip Code

() _____ () _____
Home Phone Cell Phone E-Mail Address

High School Name Cumulative GPA _____ Check here if applying via the YOC

School Plans (Check One):

Will this scholarship be used to attend a:

- University
 Community College

(Non-accredited colleges are not eligible)

Citizenship Status (Check One):

- U.S. Citizen
 Permanent Resident
 Other: (please specify) _____

ANNUAL FAMILY INCOME

How many individuals
are included in your household?

Adults _____

Children _____

ANNUAL INCOME LEVEL

Example: \$34,500 / year

\$ _____ / year

PARENT EDUCATIONAL BACKGROUND

Did your father graduate from a 4 year
College or University?
YES NO

Did your mother graduate from a 4 year
College or University?
YES NO

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.

Applicant Signature

Date

Parent Signature

Date

PERSONAL ESSAY

Write a 500 word essay responding to the essay question prompt: How do you plan to make a positive difference in your community after successfully completing your college education?

SUBMISSION

All submissions must be received by the **March 20, 2009** deadline. Please mail this completed **application** form, **unofficial transcript** and your **essay** to the following address:

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