



A CALIFORNIA STUDENT OPPORTUNITY & ACCESS PROGRAM

# Cal-SOAP College Access Scholarship Renewal Scholarship Application Form 2009

\_\_\_\_\_  
Last Name First Middle Initial

\_\_\_\_\_  
Address City State Zip Code

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

\_\_\_\_\_  
College/University Name Student ID # Current Cumulative GPA

**School Plans (Check One):**

**Will this scholarship be used to attend a:**

- University  
 Community College  
(Non-accredited colleges are not eligible)

**Year of high school graduation?**

**(Check One):**

- 2007  
 2008

**Citizenship Status (Check One):**

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

**HOUSEHOLD SIZE**

How many individuals are included in your household?

**Adults** \_\_\_\_\_

**Children** \_\_\_\_\_

**ANNUAL FAMILY INCOME**

**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

**PERSONAL ESSAY**

Write a 500 word essay responding to the essay question prompt: In your opinion what is the greatest challenge that your generation will face and why? What ideas do you have for dealing with this issue?

**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