



**2019 SCHOLARSHIP APPLICATION**

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Thank you for your interest in applying for a scholarship with the San Joaquin County Housing Authority Scholarship Foundation (“Foundation”).

The Foundation will be awarding scholarships on a competitive basis. Scholarships shall be awarded to assist students with the financial expenses of pursuing higher education. Recipients must be students enrolled full-time in college or technical/vocational education for the 2019 Fall Quarter or Semester.

**SELECTION CRITERIA:**

1. The applicant must be a tenant/resident residing in rental property owned, affiliated with, or subsidized by the Housing Authority of the County of San Joaquin. All applications will be verified with applicable tenant records.
  2. The applicant may be a senior in high school, a presently enrolled college student, or a re-entry student pursuing academic, technical or vocational training. The applicant must be accepted at an academic, technical or vocational institute.
  3. The applicant must have a 2.5 or higher cumulative grade point average. (May be waived for re-entry students – out of school for at least five (5) years).
  4. The applicant must submit a completed legible application.
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**The following items must be submitted with the application or it will not be reviewed:**

1. Completed application including the essay portion. Please type or print clearly.
  2. Completed Education Expenses and Funding Sources Work Sheet.
  3. A letter of reference (from employer, teacher, instructor, clergy, etc.). It cannot be from a household family member.
    - Letter of acceptance from college, university or technical/vocational school, if applicable.
  4. Most recent high school and/or college transcripts.
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Recipients of the scholarship award will be disbursed in two payments. The following requirements must be met prior to receiving the scholarship award.

**Disbursement One:**

1. Awardees are required to attend the Scholarship Awards Ceremony on September 23, 2019 to accept initial payment and must either

- a. Speak at the Awards Ceremony; or
- b. Send a video to the Scholarship Committee two weeks prior to the event.

\* Students attending college out of the area who are unable to attend the Scholarship Awards Ceremony and accept the initial payment must send a video to the Scholarship Committee two weeks prior to the event. The first payment will be disbursed after September 23, 2019.

### Disbursement Two

1. Send a minimum of three pictures and a video on campus which should detail your college journey; and
2. Provide verification of continued enrollment with a 2.5 GPA.

Note: Photos, videos, and verification of enrollment must be submitted by December 31, 2019 to receive the second disbursement. Details will be provided to awardees. If all requirements are met, payments will be disbursed by January 10, 2020.

The attached completed documentation and required additional items can be emailed to the San Joaquin County Housing Authority Scholarship Foundation at:

**[scholarshipfoundation@sjchasf.org](mailto:scholarshipfoundation@sjchasf.org)**

or can be mailed to:

**San Joaquin County Housing Authority Scholarship Foundation**

**P.O Box 447**

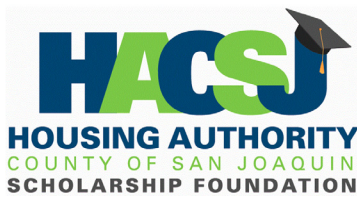
**Stockton, CA 95201**

**ATTN: Scholarship Committee**

**Deadline:** Application must be postmarked or delivered no later than **June 15, 2019**.

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**Applications postmarked or received after June 15, 2019 will not be reviewed.**



## 2019 SCHOLARSHIP APPLICATION

Fill out application completely. Do not leave any blanks

Applicant Name: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_

Applicant's relationship to head of household: \_\_\_\_\_

Please select the name of Housing Authority Program or Site in Which You Reside:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> HCV (Formerly Section 8)   | <input type="checkbox"/> Sierra Vista Homes         | <input type="checkbox"/> Conway Homes             |
| <input type="checkbox"/> Diablo Homes (Tracy)       | <input type="checkbox"/> Mokelumne Manor (Thornton) | <input type="checkbox"/> Sartini Manor (Thornton) |
| <input type="checkbox"/> Harney Lane Migrant Center | <input type="checkbox"/> Artesi II Migrant Center   | <input type="checkbox"/> Artesi II Migrant Center |
| <input type="checkbox"/> Mourfield                  | <input type="checkbox"/> Washington Street          | <input type="checkbox"/> Central Avenue           |
| <input type="checkbox"/> 8 <sup>th</sup> Street     | <input type="checkbox"/> Sierra Vista 1 Apartments  |   |

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Current Name of high school, college or technical/vocational school and its location (If Enrolled):  
\_\_\_\_\_

Anticipated graduation year: \_\_\_\_\_ Area of Study/Major: \_\_\_\_\_

College, university or technical/vocational school of planned attendance next year and its location:  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

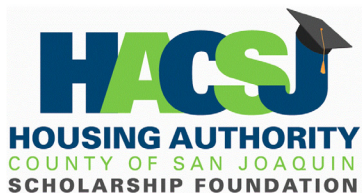
List Employment History (include volunteer and community work):

Name of Employee, Volunteer or Community Work	Address	Phone Number	Period Worked

**I UNDERSTAND THAT FUNDS FOR THE SCHOLARSHIP MAY COME FROM THIRD PARTIES AND/OR OTHER GRANTS MAY REQUIRE THE SCHOLARSHIP FOUNDATION TO RELEASE MY APPLICATION INFORMATION TO SAID GRANT PROVIDER. I HEREBY AUTHORIZE AND GRANT THE SCHOLARSHIP FOUNDATION PERMISSION TO RELEASE ALL INFORMATION ON THIS APPLICATION. I DECLARE THAT I HAVE READ AND UNDERSTAND ALL THE INSTRUCTIONS ON THE PRECEDING PAGE AND AWARD DISBURSEMENT REQUIREMENTS. I HEREBY DECLARE THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION MAY CAUSE MY SCHOLARSHIP APPLICATION TO BE DISQUALIFIED FOR CONSIDERATION.**

Print Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

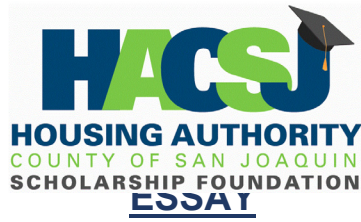


## EDUCATION EXPENSES & FUNDING SOURCES WORKSHEET

NAME OF APPLICANT: \_\_\_\_\_

Please itemize the costs of educational expenses for the 2019-2020 school year below to include confirmed and anticipated resources. Also include any other grants, scholarships, loans, or any other financial assistance from other institutions, friends, and/or family members. Attach verification of all sources including FAFSA application/award.

	<b>Education Expenses</b>	<b>SAMPLE</b>	<b>APPLICANT INFORMATION</b>
a.	Cost of Tuition	\$ 14,000.00	_____
b.	Anticipated Costs of Books	\$ 2,500.00	_____
c.	Cost of Room and Board (if applicable)	\$ 12,000.00	_____
d.	Other Costs (if applicable)	\$ 600.00	_____
e.	<b>TOTAL COSTS (sum of line a. through line d.)</b>	<b>\$ 29,100.00</b>	_____
<b>Confirmed Financial Assistance</b>			
f.	Financial Aid	\$ 6,000.00	_____
g.	Scholarships	_____	_____
h.	Grants	\$ 5,000.00	_____
i.	Loans	\$ 5,000.00	_____
j.	Work Study	\$ 6,600.00	_____
k.	Other	\$ -	_____
l.	<b>TOTAL CONFIRMED ASSISTANCE (sum of line f. through line k.)</b>	<b>\$ 22,600.00</b>	_____
<b>Anticipated Financial Assistance</b>			
m.	Financial Aid	\$ -	_____
n.	Scholarships	\$ 5,000.00	_____
o.	Grants	\$ -	_____
p.	Loans	\$ -	_____
q.	Work Study	\$ -	_____
r.	Other	_____	_____
s.	<b>TOTAL ANTICIPATED FINANCIAL ASSISTANCE (sum of line m. through line r.)</b>	<b>\$ 5,000.00</b>	_____
t.	<b>TOTAL FINANCIAL ASSISTANCE (line e. plus line s.)</b>	<b>\$ 27,600.00</b>	_____
	<b>TOTAL NEED (line e. less line t.)</b>	<b>\$ 1,500.00</b>	_____

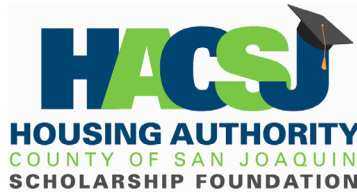


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NAME OF APPLICANT: \_\_\_\_\_

Please share something about yourself and explain how you see the college education or vocational training improving your quality of life.

(IF NEEDED, UP TO 3 MORE PAGES CAN BE ATTACHED TO APPLICATION FOR THE ESSAY)



## MEDIA AUTHORIZATION AND RELEASE FORM

NAME OF APPLICANT: \_\_\_\_\_

I, \_\_\_\_\_, hereby assign to the San Joaquin County Housing Authority Scholarship Foundation for its exclusive use for public relations or communication materials, all photographs, motion pictures, video tapes, and/or audio recordings taken or made in the production of brochures, flyers, films and radio spots at any time, and without limitation(s), except as set forth below on this form.

I hereby authorize the San Joaquin County Housing Authority Scholarship Foundation to reproduce, copy, exhibit, publish or distribute any and all such photographs, motion pictures, video tapes, and/or audio tapes in connection with business operations purposes.

Solely with regard to this Release, I understand and agree to indemnify, defend, and hold harmless the San Joaquin County Housing Authority Scholarship Foundation, its commissioners, officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, negligent acts, errors or omission, expecting only loss, injury or damage caused by the acts or omissions of personnel employed by the San Joaquin County Housing Authority Scholarship Foundation, its commissioners, officers, agents or employees. I shall reimburse the San Joaquin County Housing Authority Scholarship Foundation for all costs, reasonable attorney's fees, expenses and liabilities incurred with respect to any litigation in which I am obligated to indemnify, defend and hold harmless the San Joaquin County Housing Authority Scholarship Foundation under this Media Authorization and Release.

I understand and agree that I have not, and will not, receive any compensation for the San Joaquin County Housing Authority Scholarship Foundation's use of the materials and information described herein.

**Please select one:**

- Yes. I do give consent to release information.
- No. I do not give consent to release information.

**All applications will be considered regardless of consent to release information**

\_\_\_\_\_  
Signature (Parent/Legal Guardian must sign if Release is for a minor – under age 18.)

\_\_\_\_\_  
Signature of Witness (Only if applicant is a minor.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Minor, if applicable.

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell No: \_\_\_\_\_ Date: \_\_\_\_\_