



County of Sacramento

2433 Marconi Ave
Sacramento, CA 95821-4807



DEPARTMENT OF HUMAN ASSISTANCE SCHOLARSHIP PROGRAM APPLICATION

Student's Name: (Ms.)
(Mr.)

Last First Middle

Address:

Street Apt.

City County State Zip Code

Mailing Address:
(If Different)

Street / P.O. Box Apt.

City County State Zip Code

E-mail Address:

Telephone Number: () _____ Cell Phone Number: () _____

Date of Birth: _____ Ethnicity (optional): _____
Month-Day-Year

Social Security Number: _____ Are you a U.S. citizen? Yes No
Are you a legal resident? Yes No

Parent/Guardian Name (s): _____
Last First Middle

Last First Middle

Mailing Address:

Street/P.O. Box Apt.

City State Zip Code

Telephone Number: () _____

Is Anyone in your Household Receiving Public Assistance? Yes No
Type of Program (s)? *CalWORKs *Foster Care *MediCal *Other *Please provide verification, i.e. Aid Verification Form.

Are you or Anyone in your Household an Employee of Sacramento County? Yes No
(Employees working in the classification of student aide are excluded)

Total Annual Household Income: \$ _____ How many people are in the household? _____
[MUST include entire household income if applicant is under 18 years old and not in Foster Care. Example: parent(s), guardian(s), applicant]

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High School: _____

Address: _____

Street

City

State

Zip Code

Counselor's Name: _____

Telephone Number: () _____

Graduation Date: _____

Cumulative Grade Point Average (G.P.A.): _____

√ **Must include official sealed high school transcripts with application (unsigned copies will not be accepted).**

College / University / Trade School
Currently or Planning to Attend: _____

Have you been accepted? Yes No Course of Study: _____

Address: _____

Street

City

State

Zip Code

√ **Must include acceptance letter, proof of enrollment or proof of application.**

Non-Relative References:

(1) Name: _____

Relationship: _____

Telephone Number: () _____

How long have you known this person? _____ Years _____ Months

(2) Name: _____

Relationship: _____

Telephone Number: () _____

How long have you known this person? _____ Years _____ Months

√ **Must include a letter of recommendation from each non-relative reference.**

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Please list in order of importance your academic achievements and extracurricular activities For Example:
School Activities / Community Involvement / Work Experience (Attach Additional Pages If Needed)

- 1) _____
- 2) _____
- 3) _____

Essay Questions

Students must type their essay, title their essay and indicate which essay question they are answering
Please choose 1 of the 5 essay topics. All essays must be 500 words or more:

- 1) Describe any challenges and obstacles that you've overcome that have influenced your educational goals.
- 2) Describe how you've demonstrated leadership ability in and out of school?
- 3) Who in your life has been your biggest influence and in what way(s)?

COMPLETED APPLICATION MUST BE POSTMARKED BY March 20, 2009. We are not responsible for lost mail or late postal deliveries.

Mailing Address: DHA Scholarship Committee
8475 Jackson Road Suite 100 – Sacramento, CA 95826

Scholarship Information Line: 875-3758

Applications are available from: ♦ School/Counselor's Office ♦ All DHA Bureaus ♦ Online, **Internet Site:**
<http://www.dhaweb.saccounty.net>

NOTE: the online application is a PDF file and requires a special reader application, which may be downloaded from Adobe Acrobat® site if you do not already have it.

I have read and understand the rules that apply to completing this form. This form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I furthermore agree to the terms and conditions that bind this scholarship program. Also I, _____ consent / do not consent to having my name, photograph, image, and or quotes used for publication in newsletters, annual reports, videos, Internet web page, and presentation displays by Sacramento County's Department of Human Assistance. I understand that members of the general public may see my picture/image.

Student's Signature: _____ **Date** _____

Parent / Guardian Signature: _____ **Date** _____

Parent / Guardian Signature: _____ **Date** _____

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CHECK LIST

Please Check Each Box to Validate the Accurate Completion of Your Application

- Read the Scholarship Program rules.
- Official sealed high school transcript (s)
Must be signed and sealed, copies will not be accepted.
- Two letters of recommendation
Letters from any non-relative stating your positive aspects, such as, leadership, community involvement, school activities/achievements.
- Acceptance letter, proof of enrollment or proof of application from the college you are scheduled to attend.
No scholarship award check will be issued until proof of acceptance is provided.
- Essay typed.
- Essay titled, specify which essay question was answered.
- Submit current verification of public assistance or if not on public assistance, IRS tax form 1040.
- Essay is 500 words or more – scoring is based on content, spelling and grammar.
- Current verification of public assistance or if not on assistance, IRS tax form 1040 (2008).
- Applicant signed application.
- Parent/Guardian(s) signed application if applicant is under 18.
- All questions on the form were answered. No answers were left blank.
- Application postmarked by **Friday, March 20, 2009.**

GOOD LUCK!