



Dorothy Ross Memorial Scholarship Application

Purpose:

The fund was established at the Community Foundation to honor the volunteer work and service that Dorothy Ross contributed to the young people San Luis Obispo county as a mentor in the Juvenile Hall. She believed that all young people had special gifts and something to give back to the world. This program honors Dorothy's legacy and her belief in the young people she cared about so deeply. The goal of this scholarship is to aid young people impacted by crime to further their education.

Eligibility Criteria

How can applicant receive this scholarship?

- 1) The scholarship program is aimed at youth who have been involved in the Juvenile Justice System in San Luis Obispo County and plan to attend a community college, four-year college/university, or certified vocational program. This would include:
 - a) Anyone who is currently or who has ever spent time in the Juvenile Hall of San Luis Obispo County.
 - b) Anyone who is currently or has been on formal or informal juvenile probation in San Luis Obispo County.
 - c) Anyone who is currently attending or has attended Court or Community School.
 - d) Anyone who participated in the Youth In Action program or a similar prevention-focused program administered by, or in collaboration with, the Juvenile Justice System in San Luis Obispo County.
- 2) Applicant must be a resident of San Luis Obispo County and earned their high school diploma from an area high school or a GED.
- 3) Applicant will be graduating from high school in San Luis Obispo County or is an individual who has graduated from high school but is no older than 25 years by application deadline.
- 4) Applicant must demonstrate life change and a commitment to higher education.

What will I receive?

The award will be no less than \$1,000 and may be adjusted upward based on fund's value and recipient's choice of programs. Recipients are eligible for annual renewal of award, up to three years but is dependent on satisfactory academic performance, including a minimum course load of 6-12 units and a GPA of 2.0 or higher. Renewal award value will be no less than \$1,500 and at the discretion of the Selection Committee.

Application Deadline - March 8, 2019.

All materials must be submitted to the Community Foundation office by
5:00 pm on March 8, 2019.

No fax or e-mail materials accepted.

Where is The Community Foundation San Luis Obispo County office located?

(see address below)

- Step 1: Complete the **Application Form**
- Step 2: Complete the **Education Background**
- Step 3: Write a response to the **Personal Insight Questions**. (1-2 typed or neatly written pages).
- Step 4: **Sign the Certification Form**
- Step 5: Completion of the **Free Application for Federal Student Aid** <http://www.fafsa.ed.gov/> is strongly encouraged and a copy of the **Student Aid Report** should be submitted with application.
- Step 6: Submit an **Academic, Employer or Community Member Recommendation**. This should be from a recent instructor/ professor, employer or community member. Use the enclosed form or ask the instructor/employer to write a letter. The form and/or letter may be sent directly to The Community Foundation San Luis Obispo County, or may be submitted with the student's application. The recommendation cannot be from a family member. If not currently enrolled in school, please request a letter from your employer. If you are not currently employed, ask a former employer to submit the form. If you have never been employed, think about other activities where a community member supervised you.
- Have you completed (done) community service, child care, assisted at your church?
 - Participated in an organized activity or sport?
- Step 8: Submit an **Academic Transcripts: High School Records**
A transcript must be included with your application. If currently enrolled in post-secondary education (college or vocational program), please include that transcript too.

Please remember:

Applications must be submitted to the Foundation office no later than March 8, 2019 at 5 p.m. (postmarks are not accepted).

If possible, please compile all application materials and submit a single application packet.

- All application materials should be single-sided.
- Please include your e-mail address on your application as applicants may be notified regarding their application status via e-mail.

We strongly suggest that you keep a copy of your application.

DOROTHY ROSS MEMORIAL SCHOLARSHIP APPLICATION



For Office Use Only

Date Received: _____

- Application/Certification
- PIQs
- FAFSA SAR
- Academic, Employer or Community Member Recommendation Letter
- Transcript

APPLICATION DEADLINE – March 8, 2019

All materials must be submitted to the Foundation office by 5:00 pm on 3/8/19.

No fax or e-mail materials accepted.

READ THE INSTRUCTIONS BEFORE STARTING THIS FORM

APPLICATION FORM (Step 1)

Name _____

(Last, First, Middle Initial)

Birthdate: _____ Gender Male Female Other

Marital Status: Single Married Separated Divorced

Permanent Telephone: _____ Cell Phone: _____

E-mail: _____

Which is the best way to contact you? _____

Whom do you live with (parents, guardian, on your own)? _____

Parent/Guardian 1:

Parent/Guardian 2:

Parent 1 Name

Parent 2 Name

Street Address

Street Address 2 (write "same" if both live at the address of parent 1)

City, State, Zip Code

City, State, Zip Code

Nearest relative not living with you: (Do not list a parent living at your permanent address)

Name: _____

Relationship to you: _____

Address, City, State, Zip: _____

Approximate Dates at Juvenile Hall or on probation: _____

Academic, Employer or Community Member Recommendation: *(see instructions on page 2)*

Name Title

Organization

(NOTE: if you are not in school or employed, see Application Instructions sheet for directions – this item is still required)

How did you hear about the scholarship?

EDUCATION BACKGROUND SHEET (Step 2)

List all current and past junior high schools, high schools and colleges: (whether a degree was received or not)

School	Dates of Attendance	Degree (Yes or No)

How long have you lived in San Luis Obispo County? _____

Colleges/Vocational Schools to which you have applied, or will apply, in order of preference:

1.
2.
3.
4.

Expected Date of College/Vocational School Graduation: _____

(if you are undecided, please write "undecided" – do not leave blank)

Proposed Major: _____

Proposed Career: _____

What plans have you made to pay for your college education?

Personal Insight Questions (Step 3)

1. Please share about a person you most admire and give your reasons.

2. Please state your goals and how training or an educational program will help you achieve these goals.

CERTIFICATION FORM (4)

CERTIFICATION – YOU MUST READ AND SIGN BELOW:

(Application is not valid without signature)

I certify that all information submitted in the application materials is true and correct. I agree to provide all statements or documents requested, and I understand that failure to provide these documents will result in termination of my application. I agree that The Community Foundation San Luis Obispo County may forward my name and information from my application to individuals or groups that may be considering me for financial assistance, and for media and public relations purposes.

Applicant's Signature

Date

FINANCIAL STATEMENT (Step 5)

Please complete your 2019-2020 Free Application for Federal Student Aid (FAFSA) and submit a copy of your Student Aid Report (SAR). *(Enclose a hard copy with this application)*

NOTE: 2019-20 FAFSA can be found at <https://fafsa.ed.gov/> and was available for completion on October 1, 2018.

ACADEMIC, EMPLOYER or COMMUNITY MEMBER RECOMMENDATION (Step 6)

FOR INSTRUCTOR/EMPLOYER

DEADLINE: March 8, 2019

(postmarked is not acceptable)

Please place in a sealed envelope and return to applicant or mail to:
The Community Foundation San Luis Obispo County
550 Dana Street, San Luis Obispo, CA 93401
Phone (805) 543-2323 Fax (805) 543-2346

Name of Applicant: _____
Print Clearly

To the Instructor, Employer or Community Member: Thank you for acting as a reference for the above-named applicant. Please take the time necessary to complete this form so that the applicant and the Selection Committee will have the benefit of your appraisal. Note: a parent or relative may not be used as a reference.

In what context have you known the applicant? _____

How long have you known the applicant? _____

Comments: Explain why you are recommending the applicant. Use a separate sheet if you wish.

What has been the applicant's greatest strength? _____

In what areas does the applicant need improvement? _____

Overall Rating *(check one)*

___ Highly Recommended ___ Recommended ___ Recommended w/ Reservation

Your signature: _____ Date: _____

Your Name and Title *(print)* _____

Your Institution _____ Phone: _____

HIGH SCHOOL TRANSCRIPT REQUEST FORM
San Luis Obispo County Community Foundation

Applicant Name: _____

Complete this form and give it to your high school registrar's office. High school transcripts are required for all applicants, regardless of your age or grade level.

Note for high school seniors: Transcript must include all courses including grades from fall of 12th grade. After you submit this form to your high school registrar's office, the registrar will mail your transcript to the San Luis Obispo County Community Foundation.

TO THE REGISTRAR:

Please mail the high school transcript for this student to:

The Community Foundation San Luis Obispo County
550 Dana Street
San Luis Obispo, CA 93401

Thank you for your promptness in responding to this request.

Student Name: _____ Birthdate: _____

Current grade: _____ **OR** Year graduated: _____ **OR** withdrew: _____

Note for applicants who are currently attending college or vocational school: An unofficial printed transcript from your student portal will be accepted. Please include with your application.