

## **2010 Bay Area Council Scholarship Program**

### ***Program Overview***

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The Bay Area Council Scholarship Program supports students of exceptional ability from underserved neighborhoods in the San Francisco Bay Area. Financial assistance and professional development resources are provided to high achieving students who will be attending top Bay Area universities.

In addition to excelling as students, Bay Area Council Scholars are passionate about making a positive impact on their surroundings. The goal of this program is to identify and support promising youth through a critical period of learning and growth, developing their potential to become the conscientious leaders and change-makers of tomorrow.

### ***Awards***

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Each year, high school seniors who will attend Bay Area universities are selected to become Bay Area Council Scholars. Scholars are each granted a one-year undergraduate scholarship of up to \$5,000. Awards are determined by their financial situations and the need expressed in their financial aid packages for college.

Ongoing support will be offered in various forms to support Bay Area Council Scholars beyond their freshman year in college. In addition to continued financial aid (dependent on outside contributions), the Bay Area Council will offer professional development resources including interview training, resume building workshops, and career guidance as needed.

### ***Eligibility Requirements***

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Students who meet the following criteria are eligible to apply:

- Current high school seniors who reside in underserved neighborhood within the nine-county Bay Area. These neighborhoods have been determined by census tract to be at 80% of Area Median Income or below. ([www.ffiec.gov/Geocode/default.aspx](http://www.ffiec.gov/Geocode/default.aspx))
- Students who plan to enroll and attend a full-time undergraduate course of study as a freshman at a school located in the nine county Bay Area.
- Participation in a scholarship interview to be scheduled in April or May 2010
- Attendance at the Bay Area Council Scholarship Awards Reception, to be scheduled for May or June 2010
- Financial need is considered in determining the amount of each award. Potential recipients who receive other large scholarships and do not demonstrate financial need will be ineligible.

### ***Selection Criteria***

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Emphasis will be placed on candidates' leadership skills, academic honors, community involvement, and demonstrated financial need.

*Kristina Schick, Program Director, Bay Area Family of Funds, at (415) 946-8717 [kschick@bayareacouncil.org](mailto:kschick@bayareacouncil.org)*



# Bay Area Council Scholarship Program

## 2010 APPLICATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_ Cumulative Transcript GPA: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Please list your top choices of four-year colleges to which you have applied for Fall 2010:

\_\_\_\_\_

What major(s) are you interested in? \_\_\_\_\_

What profession(s)/career(s) are you interested in? \_\_\_\_\_

Do you work? Y/N: \_\_\_\_ If yes, where and how many hours/week? \_\_\_\_\_

Yearly Family Income: \_\_\_\_\_ Additional forms and amount of income if applicable: \_\_\_\_\_

Is your family on government assistance? Y/N: \_\_\_\_ If yes, list type and amount: \_\_\_\_\_

Number in household: \_\_\_\_\_ Please list name(s) and relationship(s); if siblings, list age and school

\_\_\_\_\_

\_\_\_\_\_

Briefly explain any special family or financial circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What's the best advice you've been given? \_\_\_\_\_

\_\_\_\_\_

I certify that the information provided is correct and complete. I understand that any false information supplied will invalidate my application and will deem me ineligible to receive a scholarship. I certify that I am a United States citizen or permanent resident, and in order to receive any scholarship money, I will provide my social security number. Permission is hereby given to high school, college/university, federal, state or county officials to release to Bay Area Council any information concerning my financial aid, academic and personal circumstances related to my application, and my scholarship eligibility. Permission is hereby given to Bay Area Council to use information in my application for media purposes, although the candidates' and their family's privacy will be respected.

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

# Bay Area Council Scholarship Program

## 2010 APPLICATION CHECKLIST

Please assemble an application package that includes each the following:

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1. A completed Bay Area Council Scholarship Program **application form**
2. A current **resume** that summarizes your academic achievements, extracurricular activities and honors received as a high school student, your role or participation in special activities or sports, organizational or community involvement, and any employment experience.
3. Please **answer the following 4 questions** with a short essay response for each. We'd like to get to know more about you, but be concise; your total response should be between 1,000 to 1,500 words.
  - a. What has been your proudest achievement, and why? (this can be in school, outside of school, at home, related to the next question, or something completely different)
  - b. What is the most difficult challenge you have faced, and how have you tried to overcome it?
  - c. What do you think is the most pressing issue in your community, and how does this affect the Bay Area as a region?
  - d. From what you can learn about the Bay Area Council, how do you think the organization can best improve the quality of life for people living in the Bay Area?
4. An official **academic transcript** from your current high school and from your previous school if you had transferred. Please also submit any SAT, SAT II, or ACT scores.
5. A copy of your **SAR (Student Aid Report)** from your completed FAFSA (Federal Application for Student Aid) application, which can be found online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
6. A copy of your **financial aid offer letter** (when you receive it).
7. **Two letters of recommendation** (in sealed envelopes to be included in your application package). They should be from adults who know you well; one from an adult familiar with your academic work and accomplishments, and one from an adult who knows you outside of the classroom.
8. A **current photo** of the student applicant which will be posted on our website to announce scholarship recipients. (A digital photo is preferred, which can be emailed to [kschick@bayareacouncil.org](mailto:kschick@bayareacouncil.org)).

\*Note: Finalists may be asked to provide proof of family income with prior year's tax returns.

### **Application Due Date:**

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The application package is due by **Monday, March 22, 2010**. It must be submitted as a single, complete package (except for the photo, which may be emailed). Please send your application **by mail** to the Bay Area Council Scholarship Committee.

### **Mailing Address:**

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Bay Area Council Scholarship Committee  
201 California St., Suite 1450  
San Francisco, CA 94111

*Kristina Schick, Program Director, Bay Area Family of Funds, at (415) 946-8717 [kschick@bayareacouncil.org](mailto:kschick@bayareacouncil.org)*

## 2010 Bay Area Council Scholarship Program

### LETTER OF RECOMMENDATION (Academic)

**Student:** Ask an adult (not a relative) from your school who knows you well (a teacher, academic counselor, etc.) to complete and return this form to you to be included in your scholarship application packet.

**Recommender:** Thank you for taking the time to recommend this student for the Bay Area Council Scholarship Program. Please fill out the form below and attach a letter of recommendation (two-page maximum). The questions below are provided for general guidance; please include any information you may deem pertinent. **Return your letter to the student** in a sealed envelope with your signature across the back seal. The completed application packet must be received by the committee by **Monday, March 22, 2010**.

Student Applicant's Name: \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_

Length of time you have known the student: \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

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

1. How do you know the student and under what circumstances?
2. Describe whether the applicant demonstrates a level of maturity and academic preparedness that shows potential for success in college. Describe any concerns you may have.
3. Describe the student's personality characteristics and motivation level. We are interested in examples of positive self-image, leadership capability, self-starter/initiative, intellectual curiosity, tolerance for disappointments, taking responsibility for his/her actions, and building his/her own support network. Describe any concerns you may have.
4. What challenges do you anticipate this applicant may encounter while attending college and what might help him /her overcome these challenges?
5. Please include any additional information you feel may assist the Bay Area Council Scholarship Committee in evaluating the student for a scholarship.

**Thank you!**

If you have any questions, please contact  
Kristina Schick, Program Director, Bay Area Family of Funds  
Tel: (415) 946-8717, E-mail: [kschick@bayareacouncil.org](mailto:kschick@bayareacouncil.org)

## **2010 Bay Area Council Scholarship Program**

### **LETTER OF RECOMMENDATION (Non-academic)**

**Student:** Ask an adult (not a relative) who knows you well outside of the classroom (a coach, employer, supervisor, mentor, church or community leader, etc.) to complete and return this form to you to include in your application.

**Recommender:** Thank you for taking the time to recommend this student for the Bay Area Council Scholarship Program. Please fill out the form below and attach a letter of recommendation (two-page maximum). The questions below are provided for general guidance; please include any information you may deem pertinent. **Return your letter to the student** in a sealed envelope with your signature across the back seal. The completed application packet must be received by the committee by **Monday, March 22, 2010**.

Student Applicant's Name: \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

School/Organization \_\_\_\_\_

Length of time you have known the student: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

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

1. How do you know the student and under what circumstances?
2. Describe whether the applicant demonstrates a level of maturity and academic preparedness that shows potential for success in college. Describe any concerns you may have.
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**Thank you!**

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