



EAHS Foundation Grant
2017 Application Form
Deadline: April 14, 2017



PART 1 – STUDENT INFORMATION

To be completed by the student. Print completed application and hand carry for signatures.

Name: _____
First Middle Initial Last

Mailing Address: _____
Street Address Apt. # City State Zip Code

Student Cell Phone: (____) _____ **Home Phone:** (____) _____

E-mail Address: _____

GPA: Weighted _____ **Unweighted** _____ **Please attach your transcript**

Counselor Signature _____

Current Participation in other career/college access programs (please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> AVID | <input type="checkbox"/> Compact for Success (CFS) | <input type="checkbox"/> UC Center |
| <input type="checkbox"/> 10,000 Degrees | <input type="checkbox"/> Summer Search | <input type="checkbox"/> Students Rising above |
| <input type="checkbox"/> Upward Bound | <input type="checkbox"/> Tomorrow’s Leaders Today | <input type="checkbox"/> Academic Talent Search |
| <input type="checkbox"/> SRJC Class | <input type="checkbox"/> Quest Bridge | <input type="checkbox"/> Summer Enrichment Program |

Check this box if you are a CFS student attending SSU (you will receive a Finley Foundation Scholarship).

Ethnicity (Optional) This data is used for statistical purposes only. (please check):

- | | | |
|--|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> White/Caucasian | |

Multiethnic (please specify): _____

Other (please specify): _____

Primary language spoken at home? _____

Part II – PARENT/GUARDIAN INFORMATION (To be completed by the parent/guardian(s) with whom the applicant lives the majority of the time.)

Parent 1 Name: _____
First Middle Initial Last

Mailing Address: _____
Street Address Apt. # City State Zip Code

Cell Phone: (____) _____ **Home Phone:** (____) _____

E-mail Address: _____

Relationship to applicant (please check one):

- Mother/Father Stepmother/Stepfather Legal Guardian
 Foster Parent Other (please specify): _____

Parent 2 Name: _____
First Middle Initial Last

E-mail Address: _____

Relationship to applicant (please check one):

- Mother/Father Stepmother/Stepfather Legal Guardian
 Foster Parent Other (please specify): _____

Parent/Guardian Marital Status (please check one):

- Married Divorced/Separated Single Widowed

Parent’s Highest Level of Formal Education in the United States (Respond only for applicant’s biological parents. Please indicate by checking one level for each parent responding.)

Parent 1

Parent 2

- No high school
 Some high school
 High school graduate/GED
 Some college/University
 Two-year college graduate
 Four-year college graduate
 Post graduate study
 Unknown

- No high school
 Some high school
 High school graduate/GED
 Some college/University
 Two-year college graduate
 Four-year college graduate
 Post graduate study
 Unknown

Part II (Continued) - PARENT/GUARDIAN INFORMATION

Household Size: _____

(Number should include the applicant, parent/guardian(s), dependent children, and other dependents)

Number in household who will attend post-high school education in 2017-2018: _____

(Number should not include parents)

Number of parents who live in the household: _____

Number of parents who are working at least part-time: _____

Age of older parent: _____

Adjusted gross income from 2015 or 2016 (per year): \$ _____

(Form 1040, line 37; 1040A, line 21, 1040 EZ, line 4. If you did not file taxes for 2015, please enter your total wages earned from work.)

How do you plan to assist your child in being successful in their college and/or career experience?

Parent/Guardian Signature: _____

Date: _____

Part III – Essay (To be completed by the student applicant.)

Applicant, please respond in essay format to the following questions. Your responses should be approximately 2 total pages, typed and double-spaced. Attach additional pages as needed.

Please sign your application at the bottom of this page.

1. Why do you want to obtain a post-high school education?
2. What will you study and what school do you plan to attend?
3. How will a scholarship from the EAHS Foundation help you accomplish your goals?
4. What are your career goals and where do you see yourself in 5 years?
5. What are accomplishments and/or challenges you have overcome?
6. Describe your community/school service activities. What differences are you making in your community and/or school? What impact are these differences having on your life? What impact are these differences having on other's lives?

Additional Awards:

Applicants may be eligible for an additional \$500 if they qualify for the following awards. Please write a 500 word, typed, double spaced response for each additional award you are submitting with this application.

1. **Scholar Athlete:** 3.5 GPA or higher. Describe your spirit on and off the playing field through volunteer services, extracurricular activities, and/or meaningful experiences that you may have had with your team or with younger students as a role model.
2. **Jack and Judy DeMeo Humanitarian:** 3.0 GPA or higher. Describe the types of community service that you have done to build relationships with your community and/ or within Elsie Allen High School. How have you made an impact on culture, climate and perceptions?
3. **Jack and Judy DeMeo Visual & Performing Arts:** 3.0 GPA or higher. Describe your participation in the Visual and Performing Arts (VAPA) programs at Elsie Allen and how that has impacted you. How will your experience in VAPA help you with future aspirations in career and/or college?

I, _____, certify that the information in this application is true and accurate. I understand that my application may be denied or withdrawn if it is not submitted by the deadline, incomplete and/or if any important information reported on this application is found to be intentionally misleading, inaccurate, or fraudulent. My essay responses consist of my original thoughts and ideas, and are not plagiarized in any way.

Applicants Signature:

Date:

Jack and Judy DeMeo Scholarships

Judy and Jack DeMeo are two of Elsie Allen's dearest friends. In 2010, they were invited to a fundraising event on behalf of the Elsie Allen award-winning drama program. That year Elsie Allen was one of a handful of American high schools selected to perform at the international drama festival in Edinburgh.

When Judy and Jack learned that it seemed impossible for the nine students to raise the \$80,000 that would be necessary to ship costumes, and props, and travel to London and Scotland for two weeks. Jack promised that he and Judy would get involved, and he would "make a few calls." In that moment, there was a glimmer of hope that a miracle could happen. Jack and Judy would be the driving force to help these students achieve their dream.

Because Judy and Jack believed, with all of their hearts, in the Elsie Allen students, all of Santa Rosa believed. Almost all of the support for Fringe Aid came from people and businesses that had no connection with Elsie Allen - no child, no grandchild, and no neighbor had attended Elsie Allen. Most were friends of Jack and Judy.

All but one of the students, from the drama program in 2010, were first generation college students. The faith that Judy and Jack demonstrated changed the students' belief in themselves. Helping young people achieve their dreams gave Jack and Judy great strength and joy. Together, they changed the lives of Elsie Allen students, and are generous friends of the Elsie Allen Foundation. We thank and honor them with the creation of the Jack and Judy DeMeo Scholarships.

NOTE:

Applicants may be eligible for an additional \$1000 if they qualify for the Jack and Judy DeMeo Scholarships. Applicants must be enrolled full time in a 2 or 4-year college to be eligible. Please complete a 500-word, typed double-spaced response for each of these awards. Attach your response/s to the application.

