



## 2009–2010 New Scholar Application

The Silicon Valley Children's Fund (SVCF) Youth Education Scholars (YES™) Program was developed to help former foster youth achieve the dream of a college education or vocational training. YES™ scholarship funding is intended to supplement, but not replace, other available financial aid or scholarship funding and may be used for tuition, books, school supplies, housing, transportation, clothing, food and other education-related expenses. SVCF's goal is to improve outcomes for all former and current foster youth who have demonstrated a personal commitment to education and the ability to achieve educational success.

### Minimum Eligibility Guidelines

To qualify for the YES™ Program, students must meet the following:

- Was in care for at least one year after 13<sup>th</sup> birthday
- Currently/formerly from Santa Clara County child welfare system or currently/formerly receiving ILP services from Santa Clara County
- Achieved a minimum (overall) 2.3+ cumulative high school GPA and received your high school diploma or GED or 2.0+ cumulative college GPA
- Demonstrate a commitment and capacity to completing a degree / certificate or meeting college transfer requirements
- Have an identified mentor who is committed and able to meet the SVCF mentor requirements
- Accepted to or attending an accredited college, university, or vocational school for the upcoming Fall 2009 academic term
- Completed the FAFSA (Free Application for Federal Student Aid)
- Have "unmet" financial need or have educational loans that do not exceed the cost of attendance as determined by the campus Financial Aid Office

### Scholarship Amounts

Community College - up to \$2,500/year

Four-year University - up to \$5,000/year

Vocation Program - will vary depending on program costs (maximum of \$5,000/year)

Awards are determined by students' need as determined by their school's financial aid office. Students may reapply for up to five years of support.

### Application Deadline

All applications must be fully completed and postmarked or faxed by Thursday, April 30, 2009.

Mail or fax application materials to:

Lany Or  
YES™ Program Coordinator  
4525 Union Avenue  
San Jose, CA 95124

Phone: (408) 558-5439

Fax: (408) 558-5590

**NOTE:** Incomplete or late applications will not be considered. SVCF may contact applicants for a personal interview as a part of the selection process. Applicants will be notified of their application status by June 30, 2009.

Support for YES™ is made possible through donations from individuals, corporations and foundations.

For more information about YES™, contact Lany Or, SVCF, at (408) 558-5439 or Keith Rivera, SCCo DFCS, at (408) 975-5488.

### Guidelines to Maintain Eligibility

In order to remain eligible for YES™ once the scholarship has been awarded, scholars must:

- Maintain a term and cumulative 2.0+ college GPA
- Complete at least 12 units or maintain full-time status
- Fulfill all scholarship contract requirements including but not limited to meeting with an approved YES™ mentor at least once per month and participating in YES™ activities (SVCF Annual Dinner, workshops, seminars, program evaluation surveys, etc.)
- Fully participate in all YES™ academic performance reporting requirements, including but not limited to, providing required term grades, class schedules and academic plans in a timely manner
- Serve as exemplary role models to younger foster youth
- Have "unmet" financial need or have educational loans that do not exceed the cost of attendance as determined by the campus Financial Aid Office
- Make satisfactory academic progress according to standards set by school (in the form of an academic plan signed off by an academic counselor)



## Application Checklist

Complete and submit this checklist as the first part of your application.

- Application Form
- Budget Worksheet
- Personal Statement
- Mentor Commitment Agreement (signed by your mentor)
- Two letters of recommendation
- Dependency Verification letter — If you need assistance securing a Dependency Verification Letter, please contact Veronica Garcia, Santa Clara County ILP Program, at (408) 975-5677
- One copy of your **official academic transcript** from each educational institution attended (high school transcripts acceptable only if you have not yet attended college)
- Application Checklist
- Made a copy of the completed form for your own records

## Personal Statement

Attach a personal statement (2-3 pages, double-spaced) that addresses each of the following:

- Describe your background including obstacles, challenges and successes and what you have learned from your experiences.
- Tell us about your five-year educational and career goals and why these are important to you.
- How do you think a college education and the YES™ Program will help you achieve these goals?

**NOTE:** Read the Minimum Eligibility Guidelines and the Guidelines to Maintain Eligibility before completing this form.

Incomplete or late applications will not be considered.

SVCF may contact applicants for a personal interview as a part of the selection process. Applicants will be notified of their application status by June 30, 2009.

# Application Form

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_  
Other Name(s) used: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
How did you learn about the YES™ Program? \_\_\_\_\_

## Educational Information

Have you graduated from high school?  Yes, I have a diploma.  Yes, I have a GED.  No, I expect to graduate on (date): \_\_\_\_\_  
Cumulative High School Grade Point Average (GPA): \_\_\_\_\_ Total Units Completed: \_\_\_\_\_  
Have you taken a college entrance exam (i.e. ACT, SAT)?  No  Yes, I have taken: \_\_\_\_\_  
Are you the first in your family to attend college?:  Yes  No  
Check your status for the Fall 2009:  
 First Year College Student  Continuing College Student  Transfer Student (to a 4-year University)  Graduate Student  
Class level for the Fall 2009:  Freshman  Sophomore  Junior  Senior  Graduate Student Other: \_\_\_\_\_  
College/School Attending in Fall 2009: \_\_\_\_\_  
Major: \_\_\_\_\_ Cumulative College Grade Point Average (GPA): \_\_\_\_\_ Total Units Completed: \_\_\_\_\_  
Five-Year Educational Goal (Check all that apply):  
 Vocational Certificate  Associate's Degree (Occupational or Technical)  Associate's Degree  Transfer to a 4-year University  
 Bachelor's Degree  Graduate or Professional Degree  
Expected transfer date from Community College to a 4-Year University (if applicable): \_\_\_\_\_ Expected College graduation date: \_\_\_\_\_  
How many different schools did you attend from Kindergarten to 12th grade? (If you are unsure, please provide your best estimate). \_\_\_\_\_  
Have you participated in any college prep programs in high school such as AVID, Gear-Up, MESA, etc.? (Your answer to this question will NOT affect your eligibility for YES, the question is for statistical purposes only)  No  Yes If yes, please name the program(s): \_\_\_\_\_

## College Housing and Transportation Information

Housing Plan:  Dorms/On-Campus  Apartment/Off-Campus  THP/THP+  Relative Other: \_\_\_\_\_  
Monthly rent amount for which you are responsible: \_\_\_\_\_ Do you have a roommate?:  Yes  No  
Main means of transportation:  Car  Carpool  Public Transportation  Bicycle Other: \_\_\_\_\_

## Employment and Financial Information

Are you currently employed?  No  Yes  
If you answered yes, please list your current place(s) of employment, including the number of hours you work and your hourly wage:

Name / Place of Employment	Hours Per Week	Hourly Wage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Employment and Financial Information (Continued)

Do you plan to work while attending school?  No  Yes, at current place, same hours per week and hourly wage  Yes, but different place (list below):

Name / Place of Employment	Hours Per Week	Hourly Wage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gross Annual Wages for 2008: \_\_\_\_\_

Do you have a checking account?  Yes  No Do you have a savings account?  Yes  No

Do you have a credit card?  Yes  No If yes, what is the total outstanding balance on your card(s)? \_\_\_\_\_

List any other forms of income:

Income Name / Type	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you attended a budget or financial aid workshop/class in the last year?  Yes  No

Did you apply for financial aid by completing the FAFSA?  Yes  No

What other scholarships or grants are you applying for? \_\_\_\_\_

What other scholarships or grants have you received? \_\_\_\_\_

Will you be receiving these scholarships or grants in the coming year?  Yes  No. If no, why not? \_\_\_\_\_

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### Computer Information

Do you own a computer?  Yes  No If no, do you have access to a computer?  Yes  No

Do you have regular access to the internet?  Yes  No

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### Medical Insurance Information

Do you currently have medical insurance?  Yes  No If yes, which type?  Medi-Cal  Other/Private Insurance

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### Mentor Information

Mentor name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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### Signature

I hereby certify that the information contained in this application is correct and complete to the best of my knowledge and consent to have Silicon Valley Children's Fund verify all information and/or statements provided. I understand that unverifiable and/or false information provided will invalidate my application and will deem me ineligible to receive a scholarship.

I also certify that I have read and understand the YES™ application eligibility guidelines and the following statement on privacy: SVCF is committed to protecting the privacy of its applicants. Disclosure of personal information on this application is limited to those persons, including SVCF staff and Board of Trustees and partner organizations, who require the information for scholarship selection purposes, research and evaluation, and/or to provide YES™ program related services.

I also give my consent to SVCF to communicate with my mentor, school financial aid office, and others as SVCF deems necessary regarding personal, academic, or other issues to help ensure my success in the YES™ Program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Projected Budget Worksheet

Applicant Name: \_\_\_\_\_

Please list your projected monthly income and expenses for the 2009-2010 academic year: If you are emancipating this year or living independently for the first time, please estimate the values to the best of your ability. The staff at SVCF understands that projected income and expenses change but would like you to begin thinking about the different expenses you may have. For additional help, please refer to the Average Cost of Living box found below.

## Monthly Income

Applicant's monthly net pay (after taxes): \_\_\_\_\_

Other sources of income:

(Please list. Don not include YES™ Scholarship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Average Cost of Living (per month):

Rent varies by location. Be sure to consider living with a roommate to decrease expenses.

Gas / Electricity / Water	\$90+
Telephone	\$30+
Cell Phone	\$50+

Be sure to consider your current lifestyle when determining what your average monthly expenses will be.

SVCF recognizes that this is just a projected budget sheet and is not final.

**Total Monthly Income:** \_\_\_\_\_

## Balance

Subtract "Total Monthly Income" from "Total Monthly Expenses" and indicate the balance below:

Total money left after expenses: \_\_\_\_\_

## Monthly Expenses

(If expenses are shared, please only list your share of the expenses.)

Rent: \_\_\_\_\_

Utilities\* \_\_\_\_\_

Gas and Electricity: \_\_\_\_\_

Water \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Groceries: \_\_\_\_\_

Laundry: \_\_\_\_\_

Transportation \_\_\_\_\_

Public Transportation: \_\_\_\_\_

Auto Loan Payment: \_\_\_\_\_

Fuel: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Household/Personal Care: \_\_\_\_\_

Credit Card/Loan Payments: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Clothing \_\_\_\_\_

Medical/Dental Insurance \_\_\_\_\_

Other Expenses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Monthly Expenses:** \_\_\_\_\_

## Mentor Commitment Agreement

In an effort to assure that students are connected to a strong support network, Silicon Valley Children's Fund requires all YES™ applicants to identify a mentor who will provide the student with personal support, encouragement, and guidance throughout the academic year. YES™ mentors may be teachers, Santa Clara County ILP counselors, or other caring adult role models. Current YES™ scholars may not serve as mentors to other foster youth.

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### Mentor Information

Mentor Name: \_\_\_\_\_ YES™ Program Applicant (Mentee) Name: \_\_\_\_\_  
Mentor Address: \_\_\_\_\_ Mentor Occupation: \_\_\_\_\_  
City: \_\_\_\_\_ Mentor Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mentor Email: \_\_\_\_\_

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### Mentor Responsibilities

Please initial below after reading each mentor responsibility:

- Mentor Initial: \_\_\_\_\_ I agree to meet with my YES™ Scholar mentee on a regular basis to discuss progress towards his/her educational goals. SVCF requires that mentor and mentee meetings occur at least monthly.
- Mentor Initial: \_\_\_\_\_ I agree to provide personal support to help my YES™ Scholar mentee overcome obstacles and achieve his/her educational goals.
- Mentor Initial: \_\_\_\_\_ I agree to help review my YES™ Scholar mentee's financial aid offer letter, academic plan, class schedule, grade reports, and other items with which the mentee may need assistance.
- Mentor Initial: \_\_\_\_\_ I agree to submit mentor logs quarterly to SVCF that document the types of contact I have had with my YES™ Scholar mentee.
- Mentor Initial: \_\_\_\_\_ I agree to attend SVCF meetings and events, including a mandatory four hour mentor training session that will provide me with in-depth information regarding the YES™ Program requirements and helpful tips on how mentors can support foster youth academic success.

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### Signature

By signing below I am certifying that I have reviewed, understand and accept the YES™ Program mentor responsibilities and requirements. I am also certifying my commitment to serve as the Mentor to the YES™ Program applicant named herein for the 2009-2010 academic year.

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_