



2009–2010 Returning 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.

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)

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.



Application Checklist

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

- Returning Scholar Re-Application Form
- Budget Worksheet
- Personal Statement
- Mentor Commitment Agreement (signed by your mentor)
- One copy of your official academic transcript **or an unofficial transcript that clearly shows cumulative GPA, classes with grades and number of units, and current academic schedule that is signed by an academic advisor**
- 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 an obstacle, challenge, and/or success you faced during the previous academic year and how you mastered the situation. What would you have done differently and what did you learn from the experience?
- What lesson have you learned that you would share with foster youth who may be considering attending college?
- If you decided to change your major or career goal in the last school year, describe the reason(s) behind this decision. How did you come to this decision? What steps are you taking to help you achieve your new 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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Employment and Financial Information (Continued)

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? _____

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

Medical Insurance Information

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

Mentor Information

Mentor name: _____ Relationship to applicant: _____

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.

Mentor Information

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

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.

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: _____