



# Blackhawk Women Scholarship Fund

## SCHOLARSHIP APPLICATION

**Directions:** *Scholarships are awarded to female applicants in financial need who live in Contra Costa County. You must have a GPA of 3.5 or above, be planning to attend a 4-year college/university in the fall, be active in school and community service activities, and submit all the required application materials.*

### Personal Information: (Please Print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security No: \_\_\_\_\_

### Currently Attending:

High School: ( ) Junior College: ( ) Graduation Date: \_\_\_\_\_

Status: Freshman ( ) Sophomore: ( ) Junior ( ) Senior ( )

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Number and Street) (City, State, ZIP Code)

Who is responsible now for your school expenses? \_\_\_\_\_

### FAMILY INFORMATION (If a Dependent)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(Number and Street) (Number and Street)

\_\_\_\_\_  
(City, State, ZIP Code) (City, State, ZIP Code)

Home Telephone: ( ) \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
(Number and Street) (City, State, ZIP Code)

Mother's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
(Number and Street) (City, State, ZIP Code)

Current Annual Household Income: \_\_\_\_\_

If applicable, list the ages of siblings and/or dependents living at home: \_\_\_\_\_

\_\_\_\_\_

**COLLEGE INFORMATION:**

4 year College/University you plan on attending in the Fall \_\_\_\_\_

Estimated tuition, per term: \_\_\_\_\_ Estimated room/ board, per term: \_\_\_\_\_

Will you be employed during the school term? \_\_\_\_\_ Expected annual earnings: \_\_\_\_\_

Anticipated field of study: \_\_\_\_\_ GPA as of Feb. 1: \_\_\_\_\_

Financial Aid/Grants/Scholarships/ prizes already received:  
(If applicable, please list /give dates & amounts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

**\*\* Please attach a separate sheet listing your community service, work experience and any significant awards, honors or achievements**

School Counselor's signature is required as verification that applicant is in good standing and is a full time student, ready to graduate and move on to a 4 year college/university in the fall.

Counselor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
School Counselor's Signature

\_\_\_\_\_  
Date

I certify that all information provided in this application is true and complete. I understand that information contained in my application will be read and reviewed by board members of the Blackhawk Women Scholarship Fund. I permit the release of this information for scholarship consideration.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Deadline for Application: Must be postmarked by March 1<sup>st</sup>, 2011.**  
**Mail Application to: Blackhawk Women's Scholarship Fund, PO Box 2991, Danville, CA 94526**