



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: _____

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 paying 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:

Where have you been accepted? (or applied?) _____

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 year scholarship is good for & amounts)

ADDITIONAL INFORMATION:

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

**** Please attach proof of financial need (W2 form or last year's tax return, etc)**

School Counselor's signature is required as verification that applicant is in good standing and is a full time student.

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 1st