



## **2018 Cal Coast Cares Foundation Foster Student Scholarship**

Cal Coast Cares Foundation is pleased to present a scholarship award program to college-bound high school seniors and current college students who are in or have been in the foster care program in San Diego and/or Riverside counties. The purpose of the scholarship is to assist foster students in furthering their education by enrolling in or continuing their studies at accredited colleges or universities.

To be eligible, the applicants must:

- a) Provide documentation the applicant is in or has been in the foster care program.
- b) Have a cumulative high school or college grade point average, or equivalent, of at least 2.5 on a scale of 0 - 4.0. An official sealed transcript is required.
- c) Be accepted by or currently attend an accredited college or university with a minimum of 9 units.
- d) Submit a scholarship application packet with all required components to Cal Coast Cares Foundation, **postmarked no later than March 31, 2018** -- no exceptions will be made. Incomplete applications will not be reviewed.

Each scholarship will be payable no later than December 31, 2018.

The award will be determined by the Scholarship Awards Committee appointed by the Cal Coast Cares Foundation Board.

Students who receive a Foster Student Scholarship may be eligible for the same award the following year.

With the recipient, caregiver/guardian's permission, their name and photograph may be included in public relations efforts. Caregiver/guardian's permission is not required to apply for the scholarship.

Credit union staff, officials and their families are not eligible to participate in the scholarship program.

Please send application to: Cal Coast Cares Foundation  
Attn: Scholarship Committee  
P.O. Box 502080  
San Diego, CA 92150-2080

For information: Community Relations Department  
(858) 636-4233 or (858) 636-3012

**2018 CAL COAST CARES FOUNDATION FOSTER STUDENT SCHOLARSHIP**

**APPLICANT INFORMATION**

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

Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**CAREGIVERS/GUARDIAN INFORMATION** (If under 18 years of age)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Current High School or College: \_\_\_\_\_

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

Expected or current area of study: \_\_\_\_\_

High School applicant: Have you applied to a college/university? \_\_\_\_\_ If so, have you been accepted? \_\_\_\_\_

Career Goal(s): \_\_\_\_\_

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What other scholarships/funding programs have you applied for?

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How will the scholarship funds be used?

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**ACTIVITIES** (Attach extra sheets if needed)

List participation in school activities (music, athletics, student government, clubs, etc.). Provide dates and responsibilities or offices held.

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List involvement in community activities (volunteer work, membership or participation in service organizations). Include dates and number of hours of volunteer work.

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**WORK EXPERIENCE** (Attach extra sheets if needed)

List all work experience, including dates, job titles, average hours worked per week and length of time in job.

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**REFERENCES**

Provide contact information of two references and attach their letters of reference.

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Provide any additional information that may support your application. Financial need may be a consideration.

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**ESSAY INFORMATION**

Essay must be approximately 500 words, typewritten and accompany this application.

**Essay Topic:** “California Coast Credit Union, like all credit unions, was founded on the principle of people helping people. Please tell us about an experience where you used your time and talents to help an individual, a group or the community.”

**PLEASE HAVE YOUR CAREGIVER/GUARDIAN COMPLETE THE FOLLOWING INFORMATION (if under 18 years of age)**

Student’s Name: \_\_\_\_\_

I, \_\_\_\_\_ (name of caregiver/guardian) agree to the release of high school or college transcripts and test scores to Cal Coast Cares Foundation Scholarship Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE HAVE YOUR SCHOOL COMPLETE THE FOLLOWING INFORMATION:**

Cumulative High School/College GPA \_\_\_\_\_

PSAT Index \_\_\_\_\_

SAT Total \_\_\_\_\_

ACT Total \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Signature and title of school official verifying GPA and scores

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Please attach the student's sealed Official High School/College Transcript to this application.**

(If grades are not available for classes taken during the second semester, please list the classes being taken and attach to Official High School/College Transcript.)

Please mail the official sealed transcript along with your application no later than **March 31, 2018** to:

Cal Coast Cares Foundation  
Scholarship Committee  
P.O. Box 502080  
San Diego, CA 92150-2080