



2017 Cal Coast Cares Foundation Foster Student Program

Cal Coast Cares Foundation Credit Union is pleased to announce 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. 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.

- A. To be eligible, the applicants must:
 - 1. Provide documentation the applicant is in or has been in the foster care program.
 - 2. Have a cumulative high school or college grade point average, or equivalent, of at least 2.5 on a scale of 0 - 4.0.
 - 3. Be accepted by, plan to or currently attend an accredited college or university on a full-time basis.
 - 4. Describe specifically how the scholarship funds would be use.
 - 5. Submit a scholarship application packet with all required components, including an official transcript to California Coast Credit Union, **postmarked no later than March 11, 2017** -- no exceptions will be made. Incomplete applications will not be reviewed.

- B. Each scholarship will be payable no later than December 31, 2017.

- C. The award will be determined by the Scholarship Awards Committee appointed by the Cal Coast Cares Foundation Board. Financial need may be a consideration.

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

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

- F. The Scholarship Awards Committee appointed by the Cal Coast Cares Foundation Board will rely on information provided from the student's current high school or college in the selection process.

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

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

I. For information: Community Relations Department
(858) 636-4233 or (858) 636-4229

CAL COAST CARES FOUNDATION FOSTER STUDENT PROGRAM

APPLICANT INFORMATION

Name: _____ Age: _____

Address: _____

(Include City, State and Zip Code)

Phone: (____) _____ Email Address: _____

CAREGIVERS/GUARDIAN INFORMATION

Name: _____ Occupation: _____

Address: _____

(Include City, State and Zip Code)

Phone (____) _____ Email Address: _____

SCHOLASTIC INFORMATION

Current High School or College: _____

College planning to attend: _____

College currently attending: _____

College Address: _____

Expected or current area of study: _____

High School applicant: Have you applied? _____ If so, have you been accepted? _____

Career Goal(s): _____

What other scholarships/funding programs have you applied for?

ACTIVITIES (Attach extra sheets if desired)

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

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

WORK EXPERIENCE (Attach extra sheets if desired)

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

REFERENCES

Provide names and addresses of two references and attach their letters of reference.

Name: _____

Address: _____

Name: _____

Address: _____

ADDITIONAL INFORMATION

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

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:

Student's Name: _____

I, _____ (name of caregiver/guardian) agree to the releasing of high school or college transcripts and test scores to California Coast Credit Union Scholarship Committee.

Signature Date

PLEASE HAVE YOUR SCHOOL COMPLETE THE FOLLOWING INFORMATION:

Cumulative High School/College GPA _____

PSAT Index _____

SAT Total _____

ACT Total _____

Signature and title of school official verifying GPA and scores

Phone # _____ Date _____

Please attach the student's 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 transcript along with your application no later than **March 11, 2017** to:

California Coast Credit Union
Attn: Cal Coast Cares Foundation
Scholarship Committee
P.O. Box 502080
San Diego, CA 92150-2080