

County of Sacramento

DEPARTMENT OF HUMAN ASSISTANCE / HEALTH AND HUMAN SERVICES SCHOLARSHIP PROGRAM APPLICATION



BACKGROUND

Employees of Sacramento County's Department of Human Assistance raise funds annually to award college scholarships to graduating high school seniors living in Sacramento County. This collaborative college scholarship program is available to encourage graduating seniors from low-income families to pursue an education at an accredited college, university, technical or trade school.

Eligibility for scholarships is without regard to race, gender, ethnicity, religion, or political affiliation. Employees of Sacramento County and their families, except for employees working in the classification of student aide, are not eligible.

PURPOSE OF SCHOLARSHIP

This scholarship is awarded each year to promote:

- Higher Education
- Economic Resilience
- Stronger Communities

Scholarship recipients will be notified mid-April 2017. Cash awards will be presented at a ceremony to be held in the Sacramento County Board of Supervisors Chambers at 700 H Street (downtown Sacramento) on Thursday, May 11th at 6:00 p.m.

ELIGIBILITY (All applications are subject to verification and proof of eligibility)

- ✓ **Must** be currently living in Sacramento County.
- ✓ **Must** be a graduating high school senior from the class of 2017, entering a two- or four-year accredited college, university, or technical/trade school.
- ✓ **Must** have a minimum Cumulative Grade Point Average (G.P.A.) of 2.5.
- ✓ **Must** be on public assistance or low income. Submit current verification of public assistance or if not on public assistance, IRS tax form 1040 (2016).

APPLICATION REQUIREMENTS

- 1) All applications **must** include the following:
 - ✓ Official sealed high school transcript(s) - copies will not be accepted.
 - ✓ Two letters of recommendation from references who can comment on students Leadership/academic abilities (at least one must be from a teacher).
 - ✓ Acceptance letter or proof of enrollment - scholarship check will not be issued until proof of acceptance is provided.
- 2) Essays **must** be typed and be at least 700 words.
- 3) Students **must** title their essay to indicate the essay question they are answering.
- 4) Applicant and parent/guardian **must** sign application.
- 5) Application **must** be postmarked by Friday, March 3, 2017.

Applications are available from: ♦ School/Counselor's Office ♦ All DHA Bureaus ♦ Online, at: <http://www.dha.saccounty.net>

NOTE: The online application is a PDF file and requires a special reader application, which may be downloaded from the Adobe Acrobat® site.

USE OF SCHOLARSHIP

The DHA Scholarship shall be applied toward educational expenses in any field of study at an accredited college, university, technical, or trade school.

- **Incomplete applications will NOT be accepted. Please answer all questions.**
- **All information will remain confidential and will not affect the household's financial assistance.**

Number of People in Household	Income Limits
2	\$39,617
3	\$45,007
4	\$50,397
5	\$55,787
6	\$61,177
7	\$69,497
8	\$77,817
9	\$86,137
10	\$94,457
Add per person	\$8,320

**The posted income limits are based on Earned Income Tax Credit Limits and the 200% Federal Poverty Guidelines.

YOU MAY HAVE POTENTIAL ENTITLEMENT TO BENEFITS UNDER A PROGRAM KNOWN AS THE COLLEGE FEE WAIVER PROGRAM. PLEASE CLICK ON THE RESOURCE LINK @ www.dha.saccounty.net OR CONTACT DHA AT (916) 875-3285.



County of Sacramento



DEPARTMENT OF HUMAN ASSISTANCE / HEALTH AND HUMAN SERVICES SCHOLARSHIP PROGRAM APPLICATION

Student's Name: (Ms.)
(Mr.)

Last First Middle

Address: _____
Street Apt.

City County State Zip Code

Mailing Address:
(If Different)

Street / P.O. Box Apt.

City County State Zip Code

E-mail Address: _____

Telephone Number: (____) _____ Cell Phone Number: (____) _____

Date of Birth: _____ Ethnicity (optional): _____
Month-Day-Year

Parent/Guardian Name (s): _____
Last First Middle

Last First Middle

Mailing Address: _____
Street/P.O. Box Apt.

City State Zip Code

Telephone Number: (____) _____

How did you hear about the DHA Scholarship? Counselor DHA Office Parent

Is Anyone in your Household Receiving Public Assistance? Yes No

Type of Program (s)? *CalWORKs *Foster Care *MediCal *Other *Please provide verification, i.e. Aid Verification Form.

Are you or Anyone in your Household an Employee of Sacramento County? Yes No
(Employees working in the classification of student aide are excluded)

Total Annual Household Income: \$ _____ . How many people are in the household? _____

[MUST include entire household income if applicant is under 18 years old and not in Foster Care.

Example: parent(s), guardian(s), applicant]

County of Sacramento

DEPARTMENT OF HUMAN ASSISTANCE / HEALTH AND HUMAN SERVICES SCHOLARSHIP PROGRAM APPLICATION

High School: _____

Address: _____

Street

City

State

Zip Code

Counselor's Name: _____

Telephone Number: (____) _____

Graduation Date: _____

Cumulative Grade Point Average (G.P.A.): _____

✓ Must include official sealed high school transcripts with application (unsigned copies will not be accepted).

College / University / Trade School

Currently or Planning to Attend: _____

Have you been accepted? Yes No

Course of Study: _____

Address: _____

Street

City

State

Zip Code

✓ Must include acceptance letter, proof of enrollment or proof of application.

High School Teacher Reference:

(1) Name: _____

Position: _____

Telephone Number: (____) _____

How long have you known this person? _____ Years _____ Months _____

Non-Relative Reference (High School Teacher preferred):

(2) Name: _____

Relationship: _____

Telephone Number: (____) _____

How long have you known this person? _____ Years _____ Months _____

✓ Must include a letter of recommendation from each reference.

County of Sacramento

DEPARTMENT OF HUMAN ASSISTANCE / HEALTH AND HUMAN SERVICES SCHOLARSHIP PROGRAM APPLICATION

Please list and describe your academic achievements and involvement in extracurricular activities.

For Example: School Activities / Community Involvement / Work Experience (please attach additional pages for description)

- 1) _____
- 2) _____
- 3) _____

Essay Questions:

Students must type and title their essay, and indicate which essay question they are answering.
Font style Times New Roman, size 12, and double spaced.

Please choose 1 of the following 4 essay topics. All essays must be at least 700 words.

- 1) Describe any challenges or obstacles and how they have influenced your educational goals.
- 2) Describe how you've demonstrated leadership in and out of school.
- 3) Who in your life has been your biggest influence in pursuing a college education and in what way(s)?
- 4) Why do you want to get a college education?

COMPLETED APPLICATION MUST BE POSTMARKED by March 3, 2017 and mailed to the address below.
We are not responsible for lost mail or late postal deliveries.

Mailing Address: DHA Scholarship Committee, Rosa Singh, V1C0
2450 Florin Road
Sacramento, CA 95822

Applications are available from: ● School/Counselor's Office ● All DHA Bureaus
● Online, Internet Site: <http://www.dha.sacounty.net/scholarship/Pages/Scholarship-Program.aspx>

NOTE: The online application is a PDF file and requires a special reader application, which may be downloaded from Adobe Acrobat® site if you do not already have it.

I have read and understand the rules that apply to completing this form. This form has been examined by me and to the best of my knowledge and believe is true, correct, and complete. I furthermore agree to the terms and conditions that bind this scholarship program. Also I, _____
 consent / do not consent to having my name, photograph, image, and or quotes used for publication in newsletters, annual reports, videos, Internet web page, and presentation displays by Sacramento County's Department of Human Assistance. I understand that members of the general public may see my picture/image.

Student's Signature: _____ Date _____

Parent / Guardian Signature: _____ Date _____

Rev 01/17

County of Sacramento

DEPARTMENT OF HUMAN ASSISTANCE / HEALTH AND HUMAN SERVICES SCHOLARSHIP PROGRAM APPLICATION

Parent / Guardian Signature: _____ Date _____

CHECK LIST

Please Check Each Box to Validate the Accurate Completion of Your Application

- Read the Scholarship Program rules.
- Official sealed high school transcript (s)
Must be signed and sealed. Copies will not be accepted.
- Two letters of recommendation
 - One letter must be from a high school teacher and the other one may be from any non-relative.
 - Letters should be from references who can comment on your academic ability, leadership, community involvement and school activities/achievements.
- Acceptance letter, proof of enrollment or proof of application from the college you are scheduled to attend.
No scholarship award check will be issued until proof of acceptance is provided.
- Essay is typed and titled with the essay question being answered.
- Essay is 700 words or more – final application scores are based largely on the essay and essays will be graded on content, spelling and grammar.
- Current verification of public assistance or if not on assistance, IRS tax form 1040 (2015)
- Applicant signed application.
 - Applicant answered question about consent to use name, photo, quotes for publication.
- Parent/Guardian(s) signed application if applicant is under 18.
- All questions on the form were answered. No answers were left blank.
- Application postmarked by **Friday, March 3, 2017**

GOOD LUCK!