



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.saccounty.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!