



# County of Sacramento

## SCHOLARSHIP PROGRAM APPLICATION

Student's Name: (Ms.)

(Mr.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Street

Apt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

(If Different) \_\_\_\_\_

Street / P.O. Box

Apt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Month-Day-Year

Parent/Guardian Name (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Street/P.O. Box

Apt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**  
**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.**

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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 800 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 15, 2024**, and mailed to the address below. We are not responsible for lost mail or late postal deliveries.

**Mailing Address:** DHA Scholarship Committee, Rosa Singh VECO  
2450 Florin Rd.  
Sacramento, CA 95822

**Applications are available from:** ● School/Counselor's Office ● All DHA Bureaus  
● Online, **Internet Site:** <http://www.dha.saccounty.gov/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 08/2023



# County of Sacramento

## SCHOLARSHIP PROGRAM APPLICATION

### 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 800 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 (2018)
- 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 15, 2024**

**GOOD LUCK!**