

**Valley of the Moon Children's Foundation
Education Fund Scholarship
Application**

Coversheet

The Valley of the Moon Children's (VMC) Foundation Scholarship was established by Dianne Edwards, Human Services Director(Retired) and is funded by donations from individuals and community sponsors who are interested in assisting former foster youth in achieving their educational goals. The scholarship fund is administered by the Valley of the Moon Children's Foundation. The fund provides an annual scholarship of a minimum of \$1,500 (depending on available funds) to students who are former foster youth who meet the following criteria:

- Were dependents of the court in Sonoma County
- Have had their dependency dismissed by the time the school year begins (i.e., fall 2010)
- Are attending a post secondary academic or vocational education program
- Are carrying or plan to carry 12 units or a full-time vocational program
- Will maintain a C average (i.e., 2.0 GPA)
- Must provide updated information including current phone number and/or email address and mailing address, school enrollment status, and grades to Valley of the Moon Children's Foundation

To apply for a VMC Foundation Scholarship you must complete this form. Include the following information:

REQUIRED DOCUMENTATION

- A copy of your most recent high school or college transcript (grades).
- One letter of recommendation from an adult you have known at least 2 years.
- A completed Student Educational Plan if you are a college student.

Incomplete packets will not be processed and you will not be given an interview.

Mail the completed forms to:

**VALLEY OF THE MOON CHILDREN'S
FOUNDATION
SCHOLARSHIP PROGRAM
P. O. Box 11671
Santa Rosa, CA 95406**

Applications must be postmarked no later than Friday, April 30, 2010

**Application
VMC Foundation Education Fund Scholarship**

STUDENT NAME:

(Last) _____ (First) _____ (MI) _____

ADDRESS:

(Number and Street) _____

City _____ State _____ Zip Code _____

PHONE: (____) _____ **CELL:** (____) _____

EMAIL: _____

Social Security Number: _____ **Date of Birth:** _____

High School Attended: _____

Date or Anticipated Date of Graduation/GED: _____

*** **

List the school or college you attend now, or plan to attend: _____
 ___ 4-year college ___ Community/Junior College ___ Vocational School

Other (please describe): _____

If this is vocational or other, how long is the program or training? _____

I will be entering school as a: ___ Freshman ___ Sophomore ___ Other: _____

WORK HISTORY:

List any regularly paid work you have done, including part-time:

Employer	Position	Start/End Dates	Hours/Week	Salary

INCOME:

List any current sources of income and the amount you receive:

Source of Income (example Educational Loans or Grants)	\$\$ Monthly Amount

OTHER FINANCIAL INFORMATION:

Please list any of the following that you have:

Checking Account: <input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____ average monthly balance _____ Bank Name _____ Branch/Location
Savings Account: <input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____ monthly balance _____ Bank Name _____ Branch/Location

*** **

ACTIVITIES:

Please describe any school-based, community or volunteer projects in which you have been involved during the past two years:

Activity	Start and End Dates:

GOALS:

Briefly describe your education and career goals (attach a separate sheet if you need more room not to exceed 1 type written page or 1 neatly hand written page):

PERSONAL STATEMENT:

Tell us the personal achievement you are most proud of and why.
Please complete your answer in no more than two neatly type written or hand written pages.
(attach a separate sheet if you need more room):

OTHER:

Is there any other information about yourself that you would like the selection committee to consider? **(attach a separate sheet if you need more room not to exceed 1 type written page or 1 neatly hand written page):**

Completing and submitting an application does not guarantee that you will get funding. The Valley of the Moon Children’s Foundation Education Fund Scholarship is awarded on a competitive basis, depending upon the availability of funding. Applications will be reviewed and finalists will be invited to an interview. The program reserves the right to refuse future funding for students who do not meet the academic or other standards set forth by the program.

AFFIRMATION:

I affirm that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

CHECKLIST:

Have you included the following?

- ___ A copy of your most recent high school or college transcript (grades).
- ___ One letter of recommendation from an adult you have known at least 2 years (e.g., social worker, teacher, foster parent, group home staff, employer, counselor, therapist, pastor). ILP Coordinator can’t be used for a letter of recommendation.
- ___ A completed Student Educational Plan if you are a college student.

****DUE DATE: Application must be postmarked by Friday, April 30, 2010****