

TYPE OR PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Application MUST be received by
May 28

APPLICANT

Last Name _____ First Name _____ Middle Initial _____
Permanent Mailing Address _____ Apartment # _____
City _____ County _____ State _____ Zip Code _____
Telephone (____) _____ Date of Birth: Month _____ Day _____ Year _____
Email Address _____ Member Number _____
Please indicate your status (for statistical purposes only) [] Male [] Female

PARENT OR GUARDIAN INFORMATION

(Required if applicant is under 18)

Last Name _____ First Name _____ Middle Initial _____
Permanent Mailing Address _____ Apartment # _____
City _____ County _____ State _____ Zip Code _____
Day Telephone (____) _____ Relationship to Applicant _____

HIGH SCHOOL

School Name _____ High School Graduation Date: Month _____ Year _____
City _____ County _____ State _____ Telephone (____) _____

POSTSECONDARY SCHOOL Name of the postsecondary school you plan to attend.

(If unknown, please list in order of preference the schools to which you have applied) Use official school names. Do not use abbreviations.

School Name _____ City _____ State _____
School Name _____ City _____ State _____
[] 4 yr. College of University [] 2 yr. Community or Junior College [] Vocational-Technical School
[] Other, explain: _____
Major or course of study _____ Expected college graduation date: Month _____ Year _____
Degree: [] Bachelor [] Associate [] Certificate [] Other, explain: _____

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. Your name, address, and the name of this scholarship program should be included on all attachments.

WORK EXPERIENCE Describe your PAID work experience during the past four years (e.g. food server, camp counselor, babysitter, etc.)

Employer _____ Type of Business _____
Your Position _____ Start Date _____ End Date _____ Hour Per Week _____
Duties _____

Employer _____ Type of Business _____
Your Position _____ Start Date _____ End Date _____ Hour Per Week _____
Duties _____

Add Additional information on supplemental sheets

COMMUNITY VOLUNTEER EXPERIENCE Describe your UNPAID work experience during the past four years (e.g. Hospital volunteer, Project Homeless Connect, food bank, etc.)

Organization _____ Services They Provide _____
Your Duties _____ Start Date _____ End Date _____ Hour Per Week _____

Organization _____ Services They Provide _____
Start Date _____ End Date _____ Hour Per Week _____ Your Duties _____

Add Additional information on supplemental sheets

SCHOLASTIC ACTIVITIES Describe any school activities in which you participated in school during the past four years (e.g. Debate Team, Chorus, Student Government, Football, etc.)

Name of Club or Activity _____ Description _____
Offices Held (If applicable) _____ Number of Years Participated _____

Name of Club or Activity _____ Description _____
Offices Held (If applicable) _____ Number of Years Participated _____

LIST HOBBIES AND INTERESTS _____

Add Additional information on supplemental sheets

AWARDS AND HONORS List any special awards or honors you received any time during your high school career, and designate whether this was given from your school or another organization _____

Add Additional information on supplemental sheets

GOALS AND ASPIRATIONS Please describe in detail your career and long-term goals after college _____

Add Additional information on supplemental sheets

WITH DISTANCE LEARNING, HOW DID YOU STAY ENGAGED THIS YEAR WITH YOUR SCHOOL WORK? WHAT LIFE LESSONS DID YOU LEARN HAVING TO DEAL WITH COVID?

Add Additional information on supplemental sheets

APPLICANT APPRAISAL

To the Applicant If this section is incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary education program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant's ability to set realistic and obtainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and/or community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well

COMMENTS _____

Appraiser's Name _____ Title _____ Telephone (____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION All applicants **must** submit official high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale Unweighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature _____ Title _____ Telephone (____) _____
 School Official's Address _____ City _____ County _____ State ____ Zip _____

APPLICATION CHECKLIST The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with complete Application Appraisal
 - Current Complete Transcript(s) of Grades (including grading scale)
- All materials, including transcript, must be addressed to or provided as an attachment and emailed to **Scholarship@SanFranciscoFCU.com** or mailed to:
 San Francisco Federal CU Youth Scholarship Program
 770 Golden Gate Avenue
 San Francisco, CA 94102

Application must be received by May 28

CERTIFICATION San Francisco Federal Credit Union has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of San Francisco Federal Credit Union. (It is recommended you keep a copy for your files)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If selected, San Francisco Federal Credit Union may use my name and likeness in their communications. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
 Parent's Signature (if applicant is under 18) _____ Date _____