



**TYPE OR PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURES**

**Application deadline: May 31, 2024**

Completeness and neatness ensure your application will be reviewed properly

**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 gender identity (for statistical purposes only) [ ] Male [ ] Female [ ] Transgender [ ] Intersex  
[ ] Non-binary/non-conforming [ ] Prefer not to respond

**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: \_\_\_\_\_

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**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

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**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

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**SCHOLASTIC ACTIVITIES** Describe any 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 \_\_\_\_\_

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**LIST HOBBIES AND INTERESTS** \_\_\_\_\_

\_\_\_\_\_  
Add Additional information on supplemental sheets

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

\_\_\_\_\_  
Add Additional information on supplemental sheets

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

\_\_\_\_\_  
Add Additional information on supplemental sheets

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## 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 the following materials have been received, and only if the following material is received by May 31, 2024.

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|---|--|
| <input type="checkbox"/> Student Application with complete Application Appraisal            | All materials, including transcript, must be addressed to, or provided as an attachment and emailed to <b>scholarship@SanFranciscoFCU.com</b> or mailed to:<br>San Francisco Federal CU Youth Scholarship Program<br>770 Golden Gate Avenue<br>San Francisco, CA 94102 |
| <input type="checkbox"/> Current Complete Transcript(s) of Grades (including grading scale) |  |

**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.

**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 \_\_\_\_\_