

The Bay Area Gardener's Foundation  
Scholarship Application

**DUE**



**Application Checklist**

NAME OF APPLICANT: \_\_\_\_\_

**INSTRUCTIONS:**

Your application must include all the documents in the same order as listed below. Please note that applications submitted without all required materials may not be considered. Please check off all items that are included in this package. Please submit ONE complete set of the following documents:

- Application Checklist
- Complete 4 page Application
- High School Transcript/GED Certification
- Letter of Recommendation

**Submit Application to:**

**Bay Area Gardener's Scholarship Fund**  
**Address:**

All application materials become property of the Foundation  
and will not be returned or photocopied.

If you have questions about the application, please contact:

\_\_\_\_\_

# The Bay Area Gardener's Foundation Scholarship Application

## I. Applicant Data

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Social Security # \_\_\_\_\_

## II. Parent or Guardian Information

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Country of Origin \_\_\_\_\_

Date of Arrival in United States \_\_\_\_\_

Educational Attainment: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Primary Language Spoken in the Home \_\_\_\_\_

## III. College/High School Data

High School \_\_\_\_\_ Year of Completion \_\_\_\_\_

Post Secondary School you are planning to attend [ ] or are currently attending [ ]  
\_\_\_\_\_

Intended course of study (major) \_\_\_\_\_

Will you be registered as a full-time student or part-time student? \_\_\_\_\_

If part-time, how many credit hours/units or how many courses do you plan to take? \_\_\_\_\_

Do you plan to be employed during the coming year? \_\_\_\_\_

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Which scholarships, loans and grants have you applied to or received? \_\_\_\_\_

\_\_\_\_\_

What is the yearly household family income? \_\_\_\_\_

What are the estimated costs for your education next year?

Tuition \_\_\_\_\_  Room and Board \_\_\_\_\_

Books/Supplies \_\_\_\_\_  Childcare \_\_\_\_\_

Fees \_\_\_\_\_  Meals \_\_\_\_\_

Transportation \_\_\_\_\_

How do you plan to pay for your education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you already applied for federal financial aid?  Yes  No

*(Applying for federal aid is a requirement unless not yet a legal resident and thus ineligible to apply)*

List places of employment and number of hours worked per week

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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As a requirement of the scholarship, The Bay Area Gardener's Fund requires that applicants commit to 20 hours of volunteer community service supporting low-income women and girls during the scholarship award period. (*Example: Volunteer at the Boys & Girls club to help girls learn computer skills.*) Where do you plan to volunteer?

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Is there anything else you would like us to know?

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## V. Transcript

Applicants, who have completed high school or obtained GED certification, please attach your high school or college transcript to this application. Applicants who have not completed high school equivalency must state in 'additional comments' above, the extenuating circumstances which have prevented completion.

## VI. Signatures/Commitments

### Applicant Signature

By signing below, I certify that I am committed to my educational pursuits and that I will commit to volunteer community service through the course of the scholarship period. I agree to report to The Bay Area Gardener's Fund on my educational experiences made possible through scholarship award and the volunteer service which is a condition of the award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

### Parent or Guardian Signature

By signing below, I certify that I am committed to my child's educational pursuits and that I am a first generation immigrant

Signature/Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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## Letter of Recommendation

The Bay Area Gardener's Fund will assist children of first generation immigrants (in Fremont, Newark, Menlo Park, East Palo Alto, Redwood City and the unincorporated area of North Fair Oaks) who are highly motivated and who would not otherwise be assisted or encouraged to pursue an education beyond high school.

This form was designed to ease the process of gathering the letter of recommendation for the Bay Area Gardener's Scholarship Program. The authors of are not required to use this format. Traditional letters of reference written on company or school letterhead are perfectly acceptable.

Please attach this letter of reference to the scholarship application.

Name of Applicant \_\_\_\_\_

Name of Employer/Educator/Mentor recommending applicant \_\_\_\_\_

Company/Organization of person recommending applicant  
\_\_\_\_\_

How do you know the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known the applicant?  
\_\_\_\_\_

Please explain why you recommend this person for this scholarship?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Recommending Applicant:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_