San Pablo Youth Scholarship JUNE 9th at 4:30 Deadline

Student Name	e:			
	First		Last	
Student Addr	'ess:		C:	7: C. d.
			City	Zip Code
Parent Guardian Day Phone:			Evening:	
Present School:			Last Grade Completed:	
Student must l	have acceptable Behavior Mar	rks on last report card.		
SCHOLARSI	HIP INFORMATION			
	unincorporated areas to NOT ALL APPLICANTS	n to all CFK eligible st that have a 94806 zip S WILL BE AWARDED S	udents living in S code such as Tarc SCHOLARSHIPS.	an Pablo. (This <u>does not</u> include the a Hills.)
2. Please <u>a</u>	ittach a copy of <u>one of the</u>	following docume	-	
	FAFSA or SAR report		CA-7 or other	CalWORKs documentation
	SSI documentation		Statement from	n a social worker or case-worker
	1040 tax form			
3. Please <u>at</u>	tach a copy of <u>one of the</u>	following to verify	that you are a	resident of San Pablo.
	Utility Bill		Copy of rental	l agreement
· · · · · · · · · · · · · · · · · · ·	ubmit a letter of recommer potential for success in the			current teachers. This letter should addres nal letter head.
Teacher/Counselors name:			Conta	ct Phone:
School:		Class/Grade: _		
5. Student S	itatement: A statement wr	itten by the student	on "What I ho	pe to learn at CFK". 1 page max.
6. I certify t	hat all of the information	I have provided for	this scholarsh	ip is true:

Please mail all documents with the REGISTRATION materials including the BEHAVIORAL form to: