

2013 BAKERSFIELD COLLEGE SCHOLARSHIP APPLICATION

BAKERSFIELD COLLEGE
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
1801 PANORAMA DRIVE ♦ BAKERSFIELD, CA 93305

PHONE: (661) 395-4428
FAX: (661) 395-4688

SCHOLARSHIP DEADLINE: FRIDAY, DECEMBER 7, 2012

TO BE ELIGIBLE FOR SCHOLARSHIP CONSIDERATION, STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS:

1. TO A DONOR, GOOD GRADES ARE THE BEST EVIDENCE OF A STUDENT'S MOTIVATION AND POTENTIAL FOR SUCCESS. MINIMUM QUALIFYING GRADE POINT AVERAGES VARY ACCORDING TO SCHOLARSHIPS UNDER CONSIDERATION. COMPLETION OF AT LEAST 6 COLLEGE UNITS BY THE END OF FALL SEMESTER 2012 IS RECOMMENDED.
2. COMPLETE THE ATTACHED SCHOLARSHIP APPLICATION AND INCLUDE A TYPED STATEMENT OF 200-300 WORDS AS FOLLOWS:
 - a. INDICATE YOUR EDUCATIONAL PLANS AND CAREER GOALS
 - b. INCLUDE COMMUNITY AND SCHOOL INVOLVEMENT
 - c. INCLUDE NEED FOR SCHOLARSHIP ASSISTANCE AND ANY SPECIAL CIRCUMSTANCES
 - d. SIGN AND DATE YOUR STATEMENT
3. PROVIDE THREE ACADEMIC RECOMMENDATIONS. FORMS FOR THESE RECOMMENDATIONS ARE ATTACHED. ASK YOUR INSTRUCTORS TO RETURN THESE TO THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS.
4. SUBMIT ALL INFORMATION TO:

PRIMAVERA ARVIZU, DIRECTOR
BAKERSFIELD COLLEGE
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
1801 PANORAMA DRIVE
BAKERSFIELD, CA 93305
5. STUDENTS APPLYING FOR SCHOLARSHIP CONSIDERATION MUST BE PLANNING TO BE ENROLLED AT BAKERSFIELD COLLEGE AND/OR AN APPROVED TRANSFER INSTITUTION FOR THE 2013-2014 ACADEMIC YEAR.
6. SCHOLARSHIPS ARE BASED ON ANY NUMBER OF THE FOLLOWING: SCHOLASTIC ACHIEVEMENT, FINANCIAL NEED, SCHOOL ACTIVITIES, COMMUNITY SERVICE, HONORS AND ORGANIZATIONAL AFFILIATIONS, AND EDUCATIONAL OBJECTIVES. DEPENDING ON SPECIFIC DONOR CRITERIA, OTHER ELEMENTS MAY BE REVIEWED, SUCH AS FIELD OF STUDY OR MAJOR.

SCHOLARSHIP NOTIFICATION: SCHOLARSHIPS ARE COMPETITIVE BY NATURE. EVERYONE WHO FILES AN APPLICATION WILL NOT RECEIVE A SCHOLARSHIP. SCHOLARSHIP AWARDS ARE ANNOUNCED BEGINNING IN LATE APRIL AND THROUGHOUT THE MONTH OF MAY. STUDENTS SELECTED TO RECEIVE A SCHOLARSHIP WILL BE NOTIFIED BY MAIL BY THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS. AWARD NOTICES INCLUDE SCHOLARSHIP AMOUNT, DISBURSEMENT AND DONOR INFORMATION. IF AWARDED A SCHOLARSHIP, THE AWARD IS PAYABLE FOR THE 2013-2014 ACADEMIC YEAR. IT IS RECOMMENDED THAT RECIPIENTS SEND A NOTE OF APPRECIATION TO DONORS LISTED ON THE AWARD LETTER. IF YOU HAVE NOT RECEIVED AN AWARD LETTER BY JUNE 2013, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.

2013-2014
BAKERSFIELD COLLEGE SCHOLARSHIP APPLICATION

PERSONAL DATA (Please Print or Type)

<hr/>	<hr/>	<hr/>	<hr/>	
LAST NAME	FIRST NAME	MI	BC STUDENT ID #	
<hr/>		<hr/>	<hr/>	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
<hr/>		<hr/>	<hr/>	<hr/>
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
<hr/>		<hr/>	<hr/>	<hr/>
BIRTHDATE: _____ / _____ / _____	AGE: _____	MALE _____	FEMALE _____	
HIGH SCHOOL: _____		GRADUATION DATE: _____		
<p>LIST ALL PRIOR COLLEGES ATTENDED (OTHER THAN BAKERSFIELD COLLEGE) AND INCLUDE DATES ATTENDED. PROVIDE OUR OFFICE WITH A COPY OF YOUR TRANSCRIPT FROM EACH COLLEGE LISTED.</p> <hr/> <hr/>				
CURRENT MAJOR: _____ INTENDED MAJOR, IF DIFFERENT: _____				
ULTIMATE CAREER GOAL/FINAL DEGREE HOPING TO ATTAIN: _____				
COLLEGE OR UNIVERSITY YOU WILL ATTEND FALL 2013: _____				
COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2014: _____				
(ADVISE THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2013/SPRING 2014.)				
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, ARE YOU EMPLOYED <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME				
NAME OF EMPLOYER: _____				
IS EITHER OF YOUR PARENTS EMPLOYED BY BAKERSFIELD COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, LIST NAME OF PARENT: _____				
IF YOU HAVE A DISABILITY, DO YOU WISH TO BE CONSIDERED FOR SCHOLARSHIPS FOR STUDENTS WITH A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE				

COLLEGE AND COMMUNITY ACTIVITIES

INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHIP, OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HAVE RECEIVED.

INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.

I AM ASKING THE FOLLOWING INSTRUCTORS TO SUBMIT RECOMMENDATIONS IN SUPPORT OF MY APPLICATION FOR SCHOLARSHIP:

1. _____
2. _____
3. _____

AS A SCHOLARSHIP APPLICANT, I HEREBY RELEASE INFORMATION CONTAINED ON THIS APPLICATION AS WELL AS MY ACADEMIC TRANSCRIPTS TO CAMPUS PERSONNEL AND/OR PRIVATE DONORS AS MAY BE REQUIRED IN CONNECTION WITH SECURING A SCHOLARSHIP FOR ME. IN ADDITION, I WAIVE MY RIGHT TO ACCESS AND REVIEW CONFIDENTIAL RECOMMENDATIONS ACQUIRED FOR PURPOSES OF DETERMINING AND GRANTING THIS SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIPS MAY BE DENIED IF ANY INFORMATION REPORTED ON THIS APPLICATION IS FOUND TO BE INTENTIONALLY MISLEADING OR INACCURATE.

SIGNATURE OF APPLICANT

DATE

FINANCIAL INFORMATION

STUDENT'S NAME: _____ BC STUDENT ID # OR SSN _____

STUDENT INFORMATION:

STUDENT'S MARITAL STATUS: SINGLE MARRIED SEPARATED
 DIVORCED WIDOWED

NUMBER OF DEPENDENT CHILDREN: _____ AGES OF CHILDREN: _____

STUDENT'S 2011 ADJUSTED GROSS INCOME: \$ _____ (INCLUDE SPOUSE'S INCOME IF MARRIED)

STUDENT'S NON-TAXABLE INCOME FOR 2011: \$ _____ (INCLUDE SPOUSE'S BENEFITS IF MARRIED)
(INCLUDE SOCIAL SECURITY, TANF, VETERAN'S BENEFITS, CHILD SUPPORT, ETC.)

IF YOU LIVE WITH YOUR PARENTS AND/OR WERE CLAIMED AS A DEPENDENT OR EXEMPTION ON YOUR PARENT'S TAX RETURN, THEN COMPLETE THE PARENT INFORMATION BELOW.

PARENT INFORMATION:

FATHER: _____ MOTHER: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

EMPLOYER: _____ EMPLOYER: _____

PARENT'S MARITAL STATUS: MARRIED SEPARATED DIVORCED
 WIDOWED BOTH DECEASED

NOTE: IF PARENTS ARE SEPARATED OR DIVORCED, LIST ONLY CUSTODIAL PARENT'S INCOME.

PARENTS' 2011 ADJUSTED GROSS INCOME: \$ _____

PARENTS' NON-TAXABLE INCOME FOR 2011: \$ _____
(INCLUDE SOCIAL SECURITY, TANF, VETERAN'S BENEFITS, CHILD SUPPORT, ETC.)

FAMILY SIZE (NUMBER OF INDIVIDUALS IN YOUR IMMEDIATE FAMILY, INCLUDE YOURSELF) _____

TOTAL NUMBER OF IMMEDIATE FAMILY MEMBERS WHO ARE SUPPORTED BY THE FAMILY INCOME, WHO WILL BE ATTENDING COLLEGE IN 2013-2014: _____

WHERE DO YOU PLAN TO LIVE DURING THE 2013-2014 ACADEMIC YEAR?

WITH PARENTS IN OWN HOME/APARTMENT OTHER (EXPLAIN): _____

*** FOR STATISTICAL PURPOSES ***

RACIAL/ETHNIC BREAKDOWN (CHECK ONE):

AMERICAN INDIAN AFRICAN AMERICAN CAUCASIAN ASIAN
 HISPANIC PACIFIC-ISLANDER FILIPINO OTHER _____

ARE YOU A UNITED STATES CITIZEN? YES NO

**BAKERSFIELD COLLEGE
ACADEMIC SCHOLARSHIP RECOMMENDATION FORM**

CONFIDENTIAL

NAME OF APPLICANT

BC STUDENT ID #

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS RECOMMENDATION. YOUR ASSESSMENT OF THIS CANDIDATE IS OF VITAL IMPORTANCE TO THE APPLICATION.

HOW LONG HAVE YOU KNOWN THIS APPLICANT? ___ YEARS ___ MONTHS

WHAT IS THE BASIS FOR YOUR RECOMMENDATION?
___ CLASSROOM CONTACT
___ COUNSELING RELATIONSHIP
___ CO-CURRICULAR ACTIVITIES

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
POTENTIAL	[]	[]	[]	[]	[]
MOTIVATION	[]	[]	[]	[]	[]
INITIATIVE	[]	[]	[]	[]	[]

PROVIDE ADDITIONAL COMMENTS ON THE APPLICANT'S DESIRE TO FURTHER HIS/HER EDUCATION AND/OR ANY OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP.

THIS APPLICANT IS: (CHECK ONE)
___ STRONGLY RECOMMENDED
___ RECOMMENDED
___ RECOMMENDED WITH RESERVATIONS

NAME (PLEASE PRINT): _____ **DEPARTMENT:** _____

SIGNATURE: _____ **DATE:** _____

RETURN COMPLETED FORM TO:
PRIMAVERA ARVIZU
BAKERSFIELD COLLEGE
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
1801 PANORAMA DRIVE
BAKERSFIELD, CA 93305

DUE DATE: FRIDAY, DECEMBER 07, 2012

**BAKERSFIELD COLLEGE
ACADEMIC SCHOLARSHIP RECOMMENDATION FORM**

CONFIDENTIAL

_____	_____
NAME OF APPLICANT	BC STUDENT ID #

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS RECOMMENDATION. YOUR ASSESSMENT OF THIS CANDIDATE IS OF VITAL IMPORTANCE TO THE APPLICATION.

HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____ YEARS _____ MONTHS

WHAT IS THE BASIS FOR YOUR RECOMMENDATION?
_____ **CLASSROOM CONTACT**
_____ **COUNSELING RELATIONSHIP**
_____ **CO-CURRICULAR ACTIVITIES**

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
POTENTIAL	[]	[]	[]	[]	[]
MOTIVATION	[]	[]	[]	[]	[]
INITIATIVE	[]	[]	[]	[]	[]

PROVIDE ADDITIONAL COMMENTS ON THE APPLICANT'S DESIRE TO FURTHER HIS/HER EDUCATION AND/OR ANY OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP.

THIS APPLICANT IS: (CHECK ONE)
_____ **STRONGLY RECOMMENDED**
_____ **RECOMMENDED**
_____ **RECOMMENDED WITH RESERVATIONS**

NAME (PLEASE PRINT): _____ **DEPARTMENT:** _____

SIGNATURE: _____ **DATE:** _____

RETURN COMPLETED FORM TO:
**PRIMAVERA ARVIZU
BAKERSFIELD COLLEGE
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
1801 PANORAMA DRIVE
BAKERSFIELD, CA 93305**

DUE DATE: FRIDAY, DECEMBER 07, 2012
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BAKERSFIELD COLLEGE ACADEMIC SCHOLARSHIP RECOMMENDATION FORM

CONFIDENTIAL

NAME OF APPLICANT

BC STUDENT ID #

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS RECOMMENDATION. YOUR ASSESSMENT OF THIS CANDIDATE IS OF VITAL IMPORTANCE TO THE APPLICATION.

HOW LONG HAVE YOU KNOWN THIS APPLICANT? ___ YEARS ___ MONTHS

WHAT IS THE BASIS FOR YOUR RECOMMENDATION? ___ CLASSROOM CONTACT
 ___ COUNSELING RELATIONSHIP
 ___ CO-CURRICULAR ACTIVITIES

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDE ADDITIONAL COMMENTS ON THE APPLICANT'S DESIRE TO FURTHER HIS/HER EDUCATION AND/OR ANY OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP.

THIS APPLICANT IS: (CHECK ONE) ___ STRONGLY RECOMMENDED
 ___ RECOMMENDED
 ___ RECOMMENDED WITH RESERVATIONS

NAME (PLEASE PRINT): _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO: PRIMAVERA ARVIZU
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