***Ramona Food and Clothes Closet Foundation***

**NEW BEGINNINGS/FRESH START SCHOLARSHIP**

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***Ramona Food and Clothes Closet Foundation***

**NEW BEGINNINGS/FRESH START SCHOLARSHIP**

**OVERVIEW**

**PURPOSE:** An assistance program that will have long term impact on the individual and the community. To provide financial support for a person pursuing education beyond high school, influencing families towards greater financial independence, build self-confidence and self-reliance that will make a positive impact on the future of the community and the individual. Scholarships will be based on student qualifications, financial need and will apply to tuition and fees only.

**NOMINEES:** Residents within the Ramona Food & Clothes Closet’s six areas of service which are Ramona, Julian, Santa Isabell, Warner Springs, Borrego Springs and Ranchita. All nominees must currently have their high school diploma, GED or use the scholarship to receive a GED from an accredited school and must be committed to continuing their academic careers.

**RECIPIENTS(s) :** Recipients of the award should be from a low or middle income family and have the commitment to complete a two-year college or vocational school curriculum. (Evaluated on a case by case basis as determined by the Scholarship Committee)

**FUNDING:** The Assistance Fund can be used to finance all or part of the program. If necessary, Thrift Store profits may be used to pay some or all of the program costs. Payments may be authorized up to the following amounts at the beginning of each semester enrollment:

**$500 for two-year** college, trade school or adult education per semester

(maximum of four continuous semesters) up to $2,000.

Any exceptions to the continuous semester hour requirement must be individually address to the Scholarship Committee.

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***Ramona Food and Clothes Closet Foundation***

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**STUDENT APPLICATION**

**GENERAL INFORMATION**

1. Applications are accepted year round at the Ramona Food and

Clothes Closet, Inc. 773 Mail Street, Ramona, CA 92065

2. Awards are granted without regard to race, color, creed,

religion, disability or national origin.

3. All awarded funds are independently administered directly to

the institution by the Ramona Food & Clothes Closet Foundation

Scholarship Committee.

4. The Ramona Food & Clothes Closet Foundation reserves the

right to interpret and review the conditions and procedures of

this scholarship program and to make changes at any time

including termination of the program.

5. Not all nominees will be selected as recipients and in some

cases none of the nominees may be selected.

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**STUDENT APPLICATION**

**SPECIFIC REQUIREMENTS**

1. Proof of enrollment as a student in an accredited community college, trade school or adult education program within **the State of California** leading to a diploma or certificate. (Any exceptions must be individually addressed to the Scholarship Committee)

2. High School, GED graduate or GED applicant residing in Ramona, Julian, Santa Isabel, Borrego Springs, Warner Springs and Ranchita.

3. GPA of 2.5 or higher.

4. Recipients of the award should be from a low or middle income family and have the commitment to complete a two-year college, vocational school or adult education curriculum. (Subject to evaluation on a case by case basis as determine by the Scholarship Committee.) All individuals are encouraged to apply.

5. All applicants are highly encouraged to volunteer at Ramona Food and Clothes Closet to understand and participate in the organization’s purpose.

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**STUDENT APPLICATION**

**DOCUMENT CHECKLIST**

Applicants should use the following checklist to insure the application contains all required documents and that they are in this order.

\_\_\_\_\_Completed Application Form (Page 7 through 10)

\_\_\_\_\_Copy of accepted enrollment from a community college, trade

School or adult education program

\_\_\_\_\_Complete Formal Essay

\_\_\_\_\_Recommendation letters from two community relationships

\_\_\_\_\_Copy of current IRS Tax Return (or parent’s if under 18) for the latest

filing year or a copy of completed Form FAFSA (Free Application for

Federal Student Aid). All Social Security numbers on tax return should

be blocked out.

\_\_\_\_\_Photo (headshot)

Please write your name, school and graduation date, if applicable, on the back of photo and place it in an envelope. (School yearbook photo is acceptable.)

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**STUDENT APPLICATION**

**APPLICANT ESSAY**

The paper will be awarded points based on content, development, organization, language usage and style. Please remember to use your spell checker. (If for some reason you are unable to provide a typewritten essay, please contact the scholarship committee.)

1. Typewritten, double spaced

2. Minimum of 250, maximum of 500 words

3. Topic: Tell us your story and why you would like this scholarship.

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***Ramona Food and Clothes Closet Foundation***

**NEW BEGINNINGS/FRESH START SCHOLARSHIP**

**APPLICATION FORM**

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**STUDENT INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last) (first) (middle)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(number, street, zip code) (telephone #)

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDAY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR GROSS ANNUAL INCOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION (if under 18 years of age)**

FATHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION COMPLETED BY FATHER: \_\_\_\_\_\_\_\_GROSS ANNUAL INCOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION COMPLETED BY MOTHER: \_\_\_\_\_\_\_\_GROSS ANNUAL INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER FAMILY INFORMATION YOU DESIRE WE CONSIDER:**

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

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**NEW BEGINNINGS/FRESH START SCHOLARSHIP**

**APPLICATION FORM**

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**HIGH SCHOOL/EDUCATION ACTIFITIES & ACCOMPLISHMENTS**

HIGH SCHOOL/GE GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & LOCATION OF YOUR GRADUATING SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If none write “none.”

List your participation in the following:

ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICES HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HONORS RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER OPPORTUNITIES/HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE or VOCATIONAL SCHOOL PLANS**

INTENED CAREER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE, VOCATIONAL SCHOOL OR ADULT EDUCATION PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ESTIMATE OF SCHOOL EXPENSES:

TUITION: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOOKS/SUPPLIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WORK EXPERIENCE**

**(paid or unpaid)**

EMPLOYER DATES EMPLOYEED JOB TITLE

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY RELATIONSHIP RECOMMENDATIONS**

(Attach recommendation letter from two community relations other than family members.)

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICATION FORM**

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**RELEASE/AGREEMENT**

I understand and agree that should I receive this scholarship, I will furnish a complete grade report and class schedule for next semester to the Scholarship Committee at the completion of each semester or quarter of school completed. I understand that grade report and next semester class schedule will be used in determining whether the scholarship is awarded for additional semesters/quarters. I further certify that all information and statements made in this application are true and complete to the best of my knowledge.

(If under 19 years of age at least one parent or legal guardian signature required.)

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

FATHER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

MOTHER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

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