2009–2010 Returning Scholar Application

The Silicon Valley Children’s Fund (SVCF) Youth Education Scholars (YES™) Program was developed to help former foster youth achieve the dream of a college education or vocational training. YES™ scholarship funding is intended to supplement, but not replace, other available financial aid or scholarship funding and may be used for tuition, books, school supplies, housing, transportation, clothing, food and other education-related expenses. SVCF’s goal is to improve outcomes for all former and current foster youth who have demonstrated a personal commitment to education and the ability to achieve educational success.

Guidelines to Maintain Eligibility

In order to remain eligible for YES™ once the scholarship has been awarded, scholars must:

- Maintain a term and cumulative 2.0+ college GPA
- Complete at least 12 units or maintain full-time status
- Fulfill all scholarship contract requirements including but not limited to meeting with an approved YES™ mentor at least once per month and participating in YES™ activities (SVCF Annual Dinner, workshops, seminars, program evaluation surveys, etc.)
- Fully participate in all YES™ academic performance reporting requirements, including but not limited to, providing required term grades, class schedules and academic plans in a timely manner
- Serve as exemplary role models to younger foster youth
- Have “unmet” financial need or have educational loans that do not exceed the cost of attendance as determined by the campus Financial Aid Office
- Make satisfactory academic progress according to standards set by school (in the form of an academic plan signed off by an academic counselor)

Scholarship Amounts

Community College - up to $2,500/year
Four-year University - up to $5,000/year
Vocation Program - will vary depending on program costs (maximum of $5,000/year)

Awards are determined by students’ need as determined by their school’s financial aid office. Students may reapply for up to five years of support.

Application Deadline

All applications must be fully completed and postmarked or faxed by Thursday, April 30, 2009.

Mail or fax application materials to:

Lany Or
YES™ Program Coordinator
4525 Union Avenue
San Jose, CA 95124

Phone: (408) 558-5439
Fax: (408) 558-5590

NOTE: Incomplete or late applications will not be considered. SVCF may contact applicants for a personal interview as a part of the selection process. Applicants will be notified of their application status by June 30, 2009.

Support for YES™ is made possible through donations from individuals, corporations and foundations.

For more information about YES™, contact Lany Or, SVCF, at (408) 558-5439 or Keith Rivera, SCCo DFCS, at (408) 975-5488.
Application Checklist

Complete and submit this checklist as the first part of your application.

- Returning Scholar Re-Application Form
- Budget Worksheet
- Personal Statement
- Mentor Commitment Agreement (signed by your mentor)
- One copy of your official academic transcript or an unofficial transcript that clearly shows cumulative GPA, classes with grades and number of units, and current academic schedule that is signed by an academic advisor

- Made a copy of the completed form for your own records

Personal Statement

Attach a personal statement (2-3 pages, double-spaced) that addresses each of the following:

- Describe an obstacle, challenge, and/or success you faced during the previous academic year and how you mastered the situation. What would you have done differently and what did you learn from the experience?
- What lesson have you learned that you would share with foster youth who may be considering attending college?
- If you decided to change your major or career goal in the last school year, describe the reason(s) behind this decision. How did you come to this decision? What steps are you taking to help you achieve your new goals?

NOTE: Read the Minimum Eligibility Guidelines and the Guidelines to Maintain Eligibility before completing this form. Incomplete or late applications will not be considered.

SVCF may contact applicants for a personal interview as a part of the selection process. Applicants will be notified of their application status by June 30, 2009.
Application Form

Personal Information
Name: ___________________________________________ Date of Birth: ____________________ Gender: □ M □ F
Address: ___________________________________________________________
City: __________________________________ State: ______________ Zip Code: ___________
State: ____________________ Zip Code: ____________________
Email: __________________________________ Other Name(s) used: ____________________

How did you learn about the YES™ Program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Educational Information
Check your status for the Fall 2009:
[ ] First Year College Student [ ] Continuing College Student [ ] Transfer Student (to a 4-year University) [ ] Graduate Student

Class level for the Fall 2009: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate Student [ ] Other: __________________________

College/School Attending in Fall 2009: _______________________________________________

Major: __________________________________ Cumulative College Grade Point Average (GPA): ________ Total Units Completed: ________

Five-Year Educational Goal (Check all that apply):
[ ] Vocational Certificate [ ] Associate's Degree (Occupational or Technical) [ ] Associate's Degree [ ] Transfer to a 4-year University
[ ] Bachelor's Degree [ ] Graduate or Professional Degree

Expected transfer date from Community College to a 4-Year University (if applicable): ___________ Expected College graduation date: ___________

How many different schools did you attend from Kindergarten to 12th grade? (If you are unsure, please provide your best estimate). __________________

Have you participated in any college prep programs in high school such as AVID, Gear-Up, MESA, etc.? (Your answer to this question will NOT affect your eligibility for YES, the question is for statistical purposes only) [ ] No [ ] Yes If yes, please name the program(s): __________________________________

College Housing and Transportation Information
Housing Plan: [ ] Dorms/On-Campus [ ] Apartment/Off-Campus [ ] THP/THP+ [ ] Relative [ ] Other: __________________________

Monthly rent amount for which you are responsible: __________________________ Do you have a roommate? [ ] Yes [ ] No

Main means of transportation: [ ] Car [ ] Carpool [ ] Public Transportation [ ] Bicycle [ ] Other: __________________________

Employment and Financial Information
Are you currently employed? [ ] No [ ] Yes

If you answered yes, please list your current place(s) of employment, including the number of hours you work and your hourly wage:

Name / Place of Employment Hours Per Week Hourly Wage
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you plan to work while attending school? [ ] No [ ] Yes, at current place, same hours per week and hourly wage [ ] Yes, but different place (list below):

Name / Place of Employment Hours Per Week Hourly Wage
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Gross Annual Wages for 2008: __________________________________________________________________________________

Do you have a checking account? [ ] Yes [ ] No Do you have a savings account? [ ] Yes [ ] No
Employment and Financial Information (Continued)

Do you have a credit card?  □ Yes  □ No  If yes, what is the total outstanding balance on your card(s)? _______________________________________

List any other forms of income:

<table>
<thead>
<tr>
<th>Income Name / Type</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you attended a budget or financial aid workshop/class in the last year?  □ Yes  □ No

Did you apply for financial aid by completing the FAFSA?  □ Yes  □ No

What other scholarships or grants are you applying for? _______________________________________

What other scholarships or grants have you received? _______________________________________

Will you be receiving these scholarships or grants in the coming year?  □ Yes  □ No.  If no, why not? _______________________________________

Computer Information

Do you own a computer?  □ Yes  □ No  If no, do you have access to a computer?  □ Yes  □ No

Do you have regular access to the internet?  □ Yes  □ No

Medical Insurance Information

Do you currently have medical insurance?  □ Yes  □ No  If yes, which type?  □ Medi-Cal  □ Other/Private Insurance

Mentor Information

Mentor name: ______________________________________ Relationship to applicant: ______________________________________

Signature

I hereby certify that the information contained in this application is correct and complete to the best of my knowledge and consent to have Silicon Valley Children’s Fund verify all information and/or statements provided. I understand that unverifiable and/or false information provided will invalidate my application and will deem me ineligible to receive a scholarship.

I also certify that I have read and understand the YES™ application eligibility guidelines and the following statement on privacy: SVCF is committed to protecting the privacy of its applicants. Disclosure of personal information on this application is limited to those persons, including SVCF staff and Board of Trustees and partner organizations, who require the information for scholarship selection purposes, research and evaluation, and/or to provide YES™ program related services.

I also give my consent to SVCF to communicate with my mentor, school financial aid office, and others as SVCF deems necessary regarding personal, academic, or other issues to help ensure my success in the YES™ Program.

Applicant’s Signature: ______________________________________ Date: ____________________
Projected Budget Worksheet

Applicant Name: ___________________________________________

Please list your projected monthly income and expenses for the 2009-2010 academic year. If you are emancipating this year or living independently for the first time, please estimate the values to the best of your ability. The staff at SVCF understands that projected income and expenses change but would like you to begin thinking about the different expenses you may have. For additional help, please refer to the Average Cost of Living box found below.

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s monthly net pay (after taxes):</td>
<td>(If expenses are shared, please only list your share of the expenses.)</td>
</tr>
<tr>
<td>Other sources of income:</td>
<td>Rent:</td>
</tr>
<tr>
<td>(Please list. Do not include YES™ Scholarship)</td>
<td>Utilities*</td>
</tr>
<tr>
<td></td>
<td>Gas and Electricity:</td>
</tr>
<tr>
<td></td>
<td>Water</td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
</tr>
<tr>
<td></td>
<td>Cell Phone</td>
</tr>
<tr>
<td></td>
<td>Groceries:</td>
</tr>
<tr>
<td></td>
<td>Laundry:</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Public Transportation:</td>
</tr>
<tr>
<td></td>
<td>Auto Loan Payment:</td>
</tr>
<tr>
<td></td>
<td>Fuel:</td>
</tr>
<tr>
<td></td>
<td>Maintenance:</td>
</tr>
<tr>
<td></td>
<td>Household/Personal Care:</td>
</tr>
<tr>
<td></td>
<td>Credit Card/Loan Payments:</td>
</tr>
<tr>
<td></td>
<td>Entertainment:</td>
</tr>
<tr>
<td></td>
<td>Clothing</td>
</tr>
<tr>
<td></td>
<td>Medical/Dental Insurance</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
<tr>
<td></td>
<td>Other Expenses</td>
</tr>
</tbody>
</table>

**Average Cost of Living (per month):**

Rent varies by location. Be sure to consider living with a roommate to decrease expenses.

- Gas / Electricity / Water: $90+
- Telephone: $30+
- Cell Phone: $50+

Be sure to consider your current lifestyle when determining what your average monthly expenses will be.

SVCF recognizes that this is just a projected budget sheet and is not final.

Total Monthly Income: _____________________  
Total Monthly Expenses: _____________________

**Balance**

Subtract “Total Monthly Income” from “Total Monthly Expenses” and indicate the balance below:

Total money left after expenses: _____________________

---

SVCF recognizes that this is just a projected budget sheet and is not final.
Mentor Commitment Agreement

In an effort to assure that students are connected to a strong support network, Silicon Valley Children’s Fund requires all YES™ applicants to identify a mentor who will provide the student with personal support, encouragement, and guidance throughout the academic year. YES™ mentors may be teachers, Santa Clara County ILP counselors, or other caring adult role models. Current YES™ scholars may not serve as mentors to other foster youth.

Mentor Information

Mentor Name: ____________________________________________  YES™ Program Applicant (Mentee) Name: ____________________________
Mentor Address: ____________________________________________  Mentor Occupation: ____________________________________________
City: ____________________________  Mentor Phone: ____________________________
State: ____________________________ Zip Code: ____________________________  Mentor Email: ____________________________

Mentor Responsibilities

Please initial below after reading each mentor responsibility:

Mentor Initial: ______  I agree to meet with my YES™ Scholar mentee on a regular basis to discuss progress towards his/her educational goals. SVCF requires that mentor and mentee meetings occur at least monthly.

Mentor Initial: ______  I agree to provide personal support to help my YES™ Scholar mentee overcome obstacles and achieve his/her educational goals.

Mentor Initial: ______  I agree to help review my YES™ Scholar mentee’s financial aid offer letter, academic plan, class schedule, grade reports, and other items with which the mentee may need assistance.

Mentor Initial: ______  I agree to submit mentor logs quarterly to SVCF that document the types of contact I have had with my YES™ Scholar mentee.

Mentor Initial: ______  I agree to attend SVCF meetings and events, including a mandatory four hour mentor training session that will provide me with in-depth information regarding the YES™ Program requirements and helpful tips on how mentors can support foster youth academic success.

Signature

By signing below I am certifying that I have reviewed, understand and accept the YES™ Program mentor responsibilities and requirements. I am also certifying my commitment to serve as the Mentor to the YES™ Program applicant named herein for the 2009-2010 academic year.

Mentor’s Signature: ____________________________  Date: ____________________________