“DARE TO DREAM” Academic Scholarship

Foster A Dream is a non-profit organization that was established in 2002. Our Mission is to build the hopes, dreams, and futures of Bay Area foster children and be a guiding source for successful transition into the adult world.

Foster A Dream is accepting applications for our 2009 “Dare to Dream” Academic Scholarship from Bay Area high school seniors and college freshmen, sophomores, and juniors who plan to pursue or continue their higher education dreams (including 4-year college/university, community college, and vocational school). Scholarship awards in the amounts of $1,000 to $5,000 will be awarded in May. Scholarship funds will be dispersed directly to college/university financial aid offices and directly applied to the recipient’s school fees and/or tuition for the 2009-2010 academic school year.

Foster A Dream will be highlighting three scholarship categories: Scholastic Achievement, Rising Above Adversity, and Community Involvement.

ELIGIBILITY CRITERIA: (You must meet all the following requirements)
- Current or former foster youth living in the Bay Area (Guardian and Renaissance Scholars are also welcome to apply)
- Be under the age of 25 on April 1, 2009.
- Accepted or expect to be accepted to an accredited 4-year college/university, community college, or vocational program.
- Minimum Cumulative GPA of 2.0
- Past “Dare to Dream” Academic Scholarship recipients are eligible to reapply (See required documentation for details)

REQUIRED DOCUMENTATION:
- Completed application (page 2)
- Include a recent photo
- Current copy of high school and/or college transcripts (unofficial acceptable)
- Short Answer Essay (page 3)
- Personal Statement (page 3)
- Signed and dated release forms (page 4)
- Verification of foster care status (page 5)
- Two letters of recommendation (page 6 & 7)
- For reapplying scholars only: In addition to the above requirements, write a minimum 500 word essay describing the impact the “Dare to Dream” Academic Scholarship has had over the past academic year. (page 3)

DEADLINE: All required documentation must be completed and post-marked by April 7th, 2009. Please mail your application to: Foster A Dream, Attn: Dare to Dream Scholarship, 77 Solano Square #133, Benicia, CA 94510.

For questions or assistance contact Tamara Earl at tamara@fosteradream.org.
“DARE TO DREAM” Academic Scholarship 2009 Application
Please type or print clearly. Use additional pages or paper if necessary.

Name: ___________________________ Years in Foster Care: __________
Social Security #: __________________ Date of Birth: ________________
Phone Number: (____)______________ Alternate Number: (____)________
Address: __________________________________________________________________________
City & Zip: __________________________ Email: ____________________________
Current/Former Social Worker’s name and contact phone number:
Name: ___________________________ Phone Number: (____)_________
Current High School and/or College: _________________________________________________
Current Grade Level or Year in College: ______________________________________________
Current Cumulative GPA: __________ Intended Major: _____________________________

Please provide the following information for the schools/programs you have applied to or attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Intended Major</th>
<th>Date You Applied</th>
<th>Status of Application</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list other scholarships, grants or financial aid you have applied for or received?
______________________________________________________________________________
______________________________________________________________________________

Employment History: Please list your past and current employment

<table>
<thead>
<tr>
<th>Company &amp; Position</th>
<th>Dates of employment &amp; hours per week</th>
<th>Wage</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>
“DARE TO DREAM” Academic Scholarship
Essay Section

**Short Answer Essay:** *Minimum 100 words.* Describe any interests, talents, and activities you participate in. In addition, please list your community involvement below.

<table>
<thead>
<tr>
<th>Organization &amp; Location</th>
<th>Dates of Participation &amp; Hours</th>
<th>Please describe how you were involved?</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Personal Statement:** *Minimum 500 words*

This is an opportunity for you to share with Foster A Dream who you are. Tell us about your goals and aspirations, personal and academic achievements, and what impacts you have made or received. Describe your personal, educational, and career goals, how foster care has influenced these goals and what steps you are going to take to achieve these goals. Describe an academic barrier you have overcome and your motivation. Tell us why education is important to you and how you would benefit if you received a “Dare to Dream” Academic Scholarship.

**Reapplying Scholars Only:** *Minimum 500 word essay*

This is an opportunity for past scholars to describe the impact the “Dare to Dream” Academic Scholarship has had over the past academic year. Share how the scholarship impacted your personal and academic achievements, goals and aspirations. Include a description of an academic challenge that you had to overcome.
“DARE TO DREAM” Academic Scholarship

Release Forms

Part A: Application Information

I, ____________________________ (print name) certify that the information in this application is, to the best of my knowledge, true and correct. I understand and agree that misstatements on my application will cause forfeiture of my scholarship. Additionally, I understand that all scholarship funds will be dispersed directly to university financial aid offices, not paid to me personally.

Signature: ____________________________ Date: ________________

Part B: Office of Financial Aid Release

If awarded the “Dare to Dream” Academic Scholarship, Foster A Dream may need to release your social security or student identification number to your college’s Office of Financial Aid to ensure that it is applied directly to your student fees for the granted academic year.

I, ____________________________ (print name) grant authorization for Foster A Dream to release my social security or student identification number to my college’s Office of Financial Aid for “Dare to Dream” Academic Scholarship purposes only.

Signature: ____________________________ Date: ________________

Part C: Personal Information Release

If awarded the “Dare to Dream” Academic Scholarship I, ____________________________ grant permission to Foster A Dream to use my photographs and application essays/writings in print, electronic media, and other forms of publicity.

Signature: ____________________________ Date: ________________

Please note that Foster A Dream will not for any reason publish or advertise any applicants date of birth, social security number, or financial aid information.

Foster A Dream • 77 Solano Square #133 • Benicia, CA 94510 • 707-747-0100
www.fosteradream.org

2009 “Dare to Dream” Academic Scholarship
Updated 2/2009
“DARE TO DREAM” Academic Scholarship
Verification of Foster Care Status

APPLICANT: Please fill out the top section of this form and then pass onto your current or former social worker that can verify your foster care status.

Applicant’s name: ______________________________________________________________
Applicant’s address: ____________________________________________________________
___________________________________________________________________________
Phone number(s): ______________________________________________________________
Email address: ________________________________________________________________
School/program applicant will be attending (if known): _____________________________
I give my permission for _______________________________________________ (name of social worker) to release the information requested for my “Dare to Dream” Scholarship application.

Applicant’s signature ___________________________ Date ________________

Dear Social Worker,

The youth named above is applying for a” Dare to Dream” Academic Scholarship from Foster A Dream. For eligibility screening, we require a letter on agency letterhead documenting the time he/she spent in foster care.

Please complete this form and attach a signed letter on your agency’s letterhead documenting the dates during which the youth was in foster care through any agency, and their current status. Also, if you are aware of any support services for which the youth will be eligible during postsecondary schooling, such as tuition waivers, ILP funding, etc. please inform us. Please return this form and your letter to the student for inclusion in the application packet.

If you have any questions regarding this form or the requested letter, please contact Foster A Dream. Thank you very much for your support of this student.

Social Worker’s name: _________________________________________________________
Agency name: ________________________________________________________________
Agency Address: ______________________________________________________________
City: _____________________________ Phone Number: _____________________________
Email address: ________________________________________________________________
"DARE TO DREAM" Academic Scholarship
Letter of Recommendation #1

Two letters of recommendation are required to be from a teacher, counselor, social-worker, mentor, or community leader who is familiar with the applicant and can address their abilities.

Part I (to be completed by the Applicant)
Print this page and complete Part 1 before giving this form to your recommender

Applicant’s name: ______________________________________________________________
Applicant’s address: ____________________________________________________________
___________________________________________________________________________
Phone number(s): ______________________________________________________________
Email address: ________________________________________________________________
School/Program applicant will be attending: ______________________________________
Name of Recommender: _________________________________________________________

Part II (to be completed by the Recommender)

The youth named above has requested your recommendation to complete their application for a “Dare to Dream” Academic Scholarship from Foster A Dream. We would greatly appreciate your appraisal of the applicant. Please return this form and your letter to the student for inclusion in the application packet. If you have any questions please contact Foster A Dream.

Name: _______________________________________________________________________
Title: _______________________________________________________________________
Company / Organization: ________________________________________________________
Relation to applicant: __________________________________________________________
Address: _____________________________________________________________________
___________________________________________________________________________
Phone Number(s): ______________________________________________________________
Email Address: ________________________________________________________________
“DARE TO DREAM” Academic Scholarship
Letter of Recommendation #2

Two letters of recommendation are required to be from a teacher, counselor, social-worker, mentor, or community leader who is familiar with the applicant and can address their abilities.

Part I (to be completed by the Applicant)
Print this page and complete Part 1 before giving this form to your recommender)

Applicant’s name: _____________________________________________________________
Applicant’s address: _____________________________________________________________
___________________________________________________________________________
Phone number(s): _____________________________________________________________
Email address: ________________________________________________________________
School/Program applicant will be attending: _______________________________________
Name of Recommender: _________________________________________________________
___________________________________________________________________________

Part II (to be completed by the Recommender)

The youth named above has requested your recommendation to complete their application for a “Dare to Dream” Academic Scholarship from Foster A Dream. We would greatly appreciate your appraisal of the applicant. Please return this form and your letter to the student for inclusion in the application packet. If you have any questions please contact Foster A Dream.

Name: _______________________________________________________________________
Title: _______________________________________________________________________
Company / Organization: _______________________________________________________
Relation to applicant: _________________________________________________________
Address: _____________________________________________________________________
___________________________________________________________________________
Phone Number(s): _____________________________________________________________
Email Address: _____________________________________________________________________