

Second Chance Program Application 2012



Application Checklist:

- 1. Personal Essay:** Each topic must not exceed 250 words.
 - A. Your future goals and objectives
 - B. Significant person(s) or event(s) that influenced your decision to pursue these goals
 - C. Describe your experiences since high school and how these experiences have influenced your personal growth and your decision to return to school
 - D. Why you are submitting an application to the LPF Second Chance Program
 - E. Why you should receive a Second Chance stipend

- 2. Letters of Reference:** Two (2) letters identifying the student's strengths, skills, abilities, special talents, and reasons why the student should be considered for a scholarship.
 - One letter must be from your teacher or counselor
 - The second letter may be from a mentor, clergy, employer, etc.

- 3. Official Transcript:** Must be sent by the school along with copies of SAT, PSAT, or ACT test scores.

- 4. Community Service Certification:** Community Service Certification From(s) must be on file by Jun 1. There is a link on the "Applications" page of the Los Padres Foundation website, that will allow you to download the PDF form.

- 5. Application**

Mail all documents to:

Los Padres Foundation
P.O. Box 305
Nassau, DE 19969

If you have any questions, please contact us at 800-528-4105. You may also fax us documentation to 1-866-810-1361

Los Padres Foundation
Second Chance Program Application
2012



Please be sure that you have read all the TERMS & CONDITIONS and Application Guidelines for the College Tuition Assistance Program. Any unanswered questions will result in disqualification. If the question does not apply to you, write N/A. As an applicant for this award you must attach an official transcript from the last school attended!

*Community Service activities be done with NON SECTARIAN groups—groups not affiliated with any specific religion.

PERSONAL INFORMATION

Full Name: _____

Address: _____

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: ____/____/____ Country of Birth: _____

Are you a United States citizen? Yes No Social Security Number: _____

If not, are you a legal resident? Yes No Resident Alien Number: _____

Marital Status: Married Divorced Single Separated

Are you head of household? Yes No

List the number of dependents and their ages:

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Have you participated in... (check all that apply): Vision Program Keeping the Vision Program

Indicate year(s) participated: _____

ACADEMIC INFORMATION

High School: _____

Address: _____

Office Phone #: _____ Office Fax Phone #: _____

College Advisor: _____ GPA: _____

SAT Score: _____ SAT Date: ____/____/____

PSAT Score: _____ PSAT Date: ____/____/____

ACT Score: _____ ACT Date: ____/____/____

List the names and locations of the colleges and/or universities to which you have applied. State whether you have been ACCEPTED, DENIED, or if the decision is still PENDING.

Other Scholarships: Please list any other scholarships, grants, and/or loans that you have applied for. State whether they have been GRANTED or if the decision is still PENDING.

FAMILY INFORMATION

Father/Guardian: _____

Address: _____

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: ____/____/____ Country of Birth: _____

Highest Level of Education:

- Some High School (no diploma)
- High School Diploma
- Some College (no degree)
- Associates Degree
- Bachelor Degree
- Post Graduate Degree

Mother/Guardian: _____

Address: _____

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: ____/____/____ Country of Birth: _____

Highest Level of Education:

- Some High School (no diploma)
- High School Diploma
- Some College (no degree)
- Associates Degree
- Bachelor Degree
- Post Graduate Degree

Are you the first generation in your family to attend college? Yes No

How many family members, including yourself, will be attending college in the fall? _____

Please indicate year of study of each:

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FINANCIAL INFORMATION

ESTIMATED ANNUAL COLLEGE EXPENSES

Tuition and Fees: _____ Books & Supplies: _____ Room & Board: _____

Personal Expenses: _____ Transportation: _____ Other: _____

TOTAL: _____

ESTIMATED ANNUAL RESOURCES

Personal Savings: _____ Aid From Relatives: _____ Loans: _____

Grants: _____ Awarded Scholarships: _____ Other: _____

TOTAL: _____

Mothers Annual Income: _____ Fathers Annual Income: _____

What is your family's total adjusted gross income? _____

Applicant's Annual Income: _____ Adjusted Gross Income: _____

Spouses' Annual Income: _____ Spouses' Gross Income: _____

REFERENCES

FIRST REFERENCE MUST BE A TEACHER OR COUNSELOR

Full Name: _____

Address: _____

E-mail Address: _____ Phone #: _____

Relationship to you: _____

SECOND REFERENCE: Mentor, Clergy, Employer, etc.

Full Name: _____

Address: _____

E-mail Address: _____ Phone #: _____

Relationship to you: _____

AUTHORIZATION

By signing this application, I agree to:

1. Abide by the terms and conditions of the LPF Second Chance Program
2. Authorize LPF, if necessary, to examine your academic and personal records
3. Attest that all the information provided in this application is true, accurate and complete
4. Request honest and truthful letter of reference
5. That you have read all of the Terms and Conditions that come with the Second Chance Program.

****UNSIGNED APPLICATIONS WILL BE DISQUALIFIED****

Signature: _____ Date: ____/____/____