

RD Staff Use Only Date:

App received: ___-___-___

Student contacted: ___-___-___

Interview sched: ___-___-___

Outcome: _____



RANCHO DAMACITAS
CHILDREN & FAMILY SERVICES

Please complete & submit to:

RANCHO DAMACITAS

Attn: S. Liapis / Scholarship

38950 Mesa Rd.

Temecula, CA 92592

Fax: (951) 302-2307

Email: steve@4kidsfirst.org

NEW HEIGHTS Scholarship Application – NEW STUDENTS ONLY

*Please read prior to completing this application for NEW STUDENTS ONLY. Use this application only if you have never completed an application for this scholarship program. All RETURNING STUDENTS must use the RETURNING STUDENT application available at www.4kidsfirst.org/scholarships.

The following is an application for a NEW HEIGHTS Scholarship and academic support services offered through Rancho Damacitas Children & Family Services. All personal information contained herein will remain confidential, reviewed solely for the purposes of determining applicant's eligibility and suitability for funding, and will not be released without the applicant's permission. Rancho Damacitas' NEW HEIGHTS Scholarship Program provides financial assistance to current and former Riverside County, CA, foster youth engaging in the pursuit of higher education. Students from other counties/states who have resided at the Rancho Damacitas campus in Temecula, CA and/or have participated in other agency programs may also apply and will be given consideration on a case-by-case basis. Students may apply once a year until the age of 25 (or until they've obtained a bachelor's degree, whichever comes first). Submitting an application does not guarantee funding and not all applicants are determined eligible. Scholarships awarded are based on availability of funds. Along with this NEW HEIGHTS Scholarship application, supporting documentation is required and eligibility must be verified. Please see additional submission requirements and program guidelines located on the Scholarships page of the Rancho Damacitas website at www.4kidsfirst.org/scholarships. We look forward to reviewing your application. Congratulations on your decision to pursue higher education!

*Please print legibly and complete this application in black ink. Today's Date: ___-___-___

STUDENT IDENTIFICATION AND CONTACT INFORMATION

Name: _____

*(Please indicate First, Middle and Last name as it currently appears on your CA state issued ID card)

Name While in Foster Care: _____ Other Name Used: _____

Age: _____ Birth Date: ___-___-___ Gender: Male Female Gender Identity: _____

*(optional)

Phone #: () _____ *Phone Type: home work cell friend

Alternate Phone #: () _____ *Phone Type: home work cell friend

E-mail address: _____

Resident Address: _____

*(if homeless, state "homeless") STREET CITY STATE ZIP

Mailing Address: _____

*(if same, write "same") STREET CITY STATE ZIP

Additional _____
Contact: Name Phone Email Relationship

www.4kidsfirst.org

Place of Birth: _____ Citizenship: U.S. Mexico Other: _____

If born in another country, are you a lawful permanent resident of the U.S. with a green card? No. Yes.

Ethnicity: Caucasian Hispanic African American Asian Native American Pacific Islander Other

Primary Language Spoken: English Spanish Other: Other Languages Spoken: _____

FOSTER CARE / DEPENDENCY / WARDSHIP STATUS

Are / Were you a dependent child (foster child) placed in foster care in Riverside County, CA? Yes. No.

*If no, what county held/holds jurisdiction over your dependency case? _____

If asked, can you provide a dependency verification or ward of the court letter from your county? No. Yes.

How old were you when you entered foster care? _____ How many placements have you had? _____

Connection to Rancho Damacitas?

Did you ever reside at the Rancho Damacitas campus in Temecula, CA? No. Yes. If yes, how old? _____

*If yes, do you remember the year(s) placed at Rancho Damacitas? _____

*If yes, do you remember your home parents' names or the home you lived in? _____

*If yes, who else or what else do you remember about your time there? _____

Are / Were you adopted? No. Yes – If yes, at what age were you adopted? _____ *If adopted, are you still in regular contact and on good terms with your adoptive parents? No. Yes.

Date your foster care dependency case closed (or expected to close): _____ - _____ - _____ Age closed: _____

Are you a Non-Minor Dependent (NMD) receiving state funding under Assembly Bill 12? No. Yes.

Have you ever been placed in juvenile hall or a juvenile detention facility? No. Yes - If yes, briefly explain:

Are you currently / have you ever been placed on probation? No. Yes - If yes, briefly explain the offense you've been charged with and the terms of your probation: _____

FAMILY & HEALTH STATUS

Are you in regular contact and on good terms with any members of your biological family? No. Yes.

*If yes, who in your family do you consider to be a positive support for you and why? _____

Are you in regular contact and on good terms with members of your foster family(ies)? No. Yes. *If yes, who in your foster family do you consider to be a positive support for you and why? _____

Do you have biological siblings in foster care? No. Yes – If yes, how many siblings? _____

Are you married? No. Yes. Do you have children? No. Yes – If yes, how many children? _____

*If yes, do your children live with you? Yes. No. Do you have adequate child care? Yes. No.

Do you currently have Medi-Cal? Yes. No – If no, do you need help? _____

Do you have any disabilities or special needs? No. Yes – If yes, please explain: _____

Are you maintaining regular contact with a doctor regarding your health, general well-being and any prescribed medications? No. Yes. Are you currently prescribed medication to promote mental health? No. Yes.

PERSONAL REFERENCES AND SUPPORT NETWORK

Please provide the most current information. If your case is closed, indicate the last representative assigned:

County Social Worker's Name: _____ Phone: () _____

Probation Officer's Name: _____ Phone: () _____

Foster Parent or Group Home Name: _____ Phone: () _____

CASA's Name: _____ Phone: () _____

Mentor's Name: _____ Phone: () _____

Friend's Name: _____ Phone: () _____

Other Supporter's Name: _____ Phone: () _____

Current Living Situation: _____

*(e.g. group home, foster home, relative, friend, probation, independent housing, THP+FC, homeless, etc.)

Who referred you to this scholarship program? _____

*(Name / Relationship – e.g. social worker, CASA, sibling, etc.)

With whom do you consider yourself having a long-term, permanent connection?

_____ Phone: () _____

(Name and Relationship)

_____ Phone: () _____

(Name and Relationship)

HIGH SCHOOL INFORMATION

Are you currently attending high school? No. Yes – If yes, what school? _____

Current Grade / Year: _____ Favorite Subject: _____ Current GPA _____
*(e.g. Junior, Senior)

If no, what high school did you last attend? _____ Last Grade Completed: _____

Have you graduated from high school? No. Yes – If yes, do you have your high school Diploma? GED?

How many different high schools did you attend to complete your education and achieve your graduation? _____

COLLEGE / UNIVERSITY / TRADE SCHOOL INFORMATION

Have you ever attended a college, university or trade school? No. Yes. – If yes, name(s) of school(s) previously attended? _____

What type of school are you attending or planning to attend this academic year?

Community College University Vocational / Trade School ROP

Name of School: _____ Are you enrolled? No. Yes.

When will/did your school term start? Fall Winter Spring Summer YEAR: _____

School's address: _____
STREET CITY STATE ZIP

How many units are you taking/planning to take? _____ College Cumulative GPA: _____

How many units have you completed so far? _____ Are you receiving financial aid? No. Yes.

Major / minor? _____ School ID #: _____

Year in college: Freshman Sophomore Junior Senior Pending Graduate / Graduate!

Enrollment status: Full-time Part-time When do you expect to graduate? _____
TERM / YEAR

Is your school on the: Semester system Quarter system Modules/Hours Other: _____

Annual Tuition / Cost of Attendance (approx., including housing, living expenses):\$ _____

If Vocational/Trade school, please describe program, length of program and any additional steps involved in successful completion (e.g. state exams, licenses, certifications required): _____

BACKGROUND INFORMATION

Please briefly describe the reason(s) for your placement in foster care. _____

Please briefly describe your experience in foster care (pros and cons?): _____

Do you have a profile on Facebook or other social media (Twitter, Snapchat, etc.)? No. Yes – If yes, would you like to be included on posts and updates from Rancho Damacitas? No. Yes.

EMPLOYMENT HISTORY / WORK EXPERIENCE

*(If you have no paid work history, you may include volunteer experience and/or community service hours)

Are you currently employed? Yes. No – If no, have you ever been employed? Yes. No.

Please list your employment / work experience including your current or most recent job:

Company Name: _____ City located: _____

Company Phone: () _____ Supervisor's Name: _____

Employment Status: Full-Time Part-Time Employment Dates: From: _____ To: _____
Month / Year Month / Year

Starting Salary / Wage: \$ _____/hr. - Ending Salary / Wage: \$ _____/hr. - Monthly Net Income: \$ _____

Name of Position(s) _____ How many hours worked per week? _____

Job Duties: _____

May we contact this employer? Yes. No. Reason(s) For Leaving: _____

*NOTE: Optional - To provide any additional employment history, work experience, volunteerism, skills and abilities, please submit your updated resume with this application.

GIVING BACK, ADVOCACY & CONSENT TO RELEASE INFORMATION

Pay It Forward By Helping Rancho Damacitas Send More Foster Youth to College!

Thanks to the generous support of philanthropists in our communities, Rancho Damacitas Children & Family Services is able to provide eligible students with NEW HEIGHTS scholarships, academic counseling and other valuable programs. Continued support from these forward-thinking benefactors and corporations is vital to our ability to serve even more deserving students like you. When donors have the opportunity to read about our students' success in our newsletters and other materials, or to meet them in person and learn first-hand how their donations are directly impacting the lives of thriving young adults, they are often inspired to get more involved and provide future support. By sharing your success story, you can "pay it forward" and help many future foster youth achieve their dreams of a college education! We are proud of you for choosing to pursue

higher education and striving to SOAR TO NEW HEIGHTS! We look forward to having you join us in achieving our mission and vision. Please select how you would like to get involved and participate in this worthy cause.

Please choose one:

- I choose to remain anonymous or have Rancho Damacitas use a fake name / alias.
- I choose to use my first name only.
- I choose to use both my first and last name.

Please answer the following:

- 1) I'm available to meet donors and community members to tell them about my participation in the scholarship program and/or other programs offered by Rancho Damacitas Children & Family Services. Yes. No.
- 2) I'm available to meet current or former foster youth to tell them about my participation in the scholarship program and/or other programs offered by Rancho Damacitas Children & Family Services. Yes. No.
- 3) I'm available to have my photo taken and published on behalf of Rancho Damacitas programs. Yes. No.
- 4) I'm interested in learning more about opportunities to volunteer for Rancho Damacitas. Yes. No.
- 5) I'm interested in becoming a Peer Mentor or Youth Ambassador for Rancho Damacitas. Yes. No.

ACKNOWLEDGEMENT, STUDENT AGREEMENT & APPLICANT'S SIGNATURE

By signing my name below, I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I agree to allow Rancho Damacitas Children & Family Services to verify any of the statements contained in this application. I understand that any false, misleading or incomplete information may be grounds for my not being selected for participation in the NEW HEIGHTS Scholarship Program, and/or for dismissing me after I begin receiving services. I understand that I will be asked to provide school records and other documentation verifying my identity and program eligibility. I agree to notify Rancho Damacitas if my educational status or contact information changes after submission of this application and throughout the academic year if I am awarded a scholarship. At the request of Rancho Damacitas Children & Family Services, I am willing to actively participate in meetings with a college campus advisor and/or Rancho Damacitas scholarship coordinator to discuss my academic status, progress and performance.

I understand that, once submitted, this completed application is the property of Rancho Damacitas Children & Family Services and will not be returned to me. Furthermore, I authorize any listed references to provide Rancho Damacitas Children & Family Services with any pertinent information about me to assist in determining my eligibility and suitability for the NEW HEIGHTS Scholarship Program. I understand that I may withdraw my consent to release information at any time by submitting my request in writing. I understand that submitting an application does not guarantee scholarship funding and that not all applicants are determined eligible.

Applicant's Signature: _____ **Date:** ____ - ____ - ____

Thank you! Please see the next page for the Authorization to Release Information form.



RANCHO DAMACITAS
CHILDREN & FAMILY SERVICES

AUTHORIZATION TO RELEASE INFORMATION

Please read entirely for understanding, sign, date, and return to:

Rancho Damacitas, Attn: Steve Liapis, NEW HEIGHTS Scholarship, 38950 Mesa Rd., Temecula, CA 92592

A primary purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in an individual student's educational records.

By signing this Authorization to Release Information form, you consent to allow staff and board members of Rancho Damacitas Children & Family Services to review and discuss any information contained in your educational records and NEW HEIGHTS Scholarship application as related to participation in the NEW HEIGHTS Scholarship Program.

Your consent to release personal information begins at the time of application once received by Rancho Damacitas Children & Family Services. The release remains in effect for the entire time you are receiving assistance from Rancho Damacitas Children & Family Services and participating in the NEW HEIGHTS Scholarship Program.

During the application process, and throughout the academic year, in order to maintain your eligibility, we need to request or relay additional educational information related to your application or participation in the program (e.g. enrollment status, transcript(s) / grades, class schedules). Once signed, this Authorization to Release Information permits us to discuss your personal educational history and academic status with Rancho Damacitas staff, board members, high school representatives, university/college representatives, representatives from the Social Service Agency, Probation Department and other supporters familiar with your educational history. In all cases, your information is handled carefully, with strict confidentiality and will be used only for the purposes of serving you in your pursuit of higher education.

For questions, please contact Steve Liapis, Director of Emancipated Services, at (951) 302-2317, ext.241, Monday - Friday, 8:00 a.m. - 4:30 p.m., or via email: steve@4kidsfirst.org.

CERTIFICATION: By signing below, I understand and certify that information included with my application to Rancho Damacitas Children & Family Services' NEW HEIGHTS Scholarship Program, including my educational records, and academic status, and any future records or information related to my pursuit of higher education, may be discussed with Rancho Damacitas staff and board members, college/university and vocational school staff, representatives from the Social Services Agency, Probation Department, and other relevant professional service providers familiar with my educational history with my FULL CONSENT. I understand that this release will remain in effect the entire time period during which I am receiving funding from Rancho Damacitas Children & Family Services' NEW HEIGHTS Scholarship Program. With my full consent, this release exempts Rancho Damacitas Children & Family Services' NEW HEIGHTS Scholarship Program from confidentiality statements I may have previously signed regarding access to and reviews of my educational records. I also understand that I may request in writing that this Authorization to Release Information no longer be held as valid and that my future consent to release information can be retracted by me at any time. I certify that all of the information reported by me on this form is true and accurate.

PLEASE PRINT AND SIGN CLEARLY USING BLACK INK ONLY

Student's Name (printed)

Date of Birth

Student's Signature

Today's Date