



## **New Heights Scholarship Application – NEW STUDENTS ONLY**

This application is for only those individuals who have never applied to the program before. If you are a returning student, please complete the RETURNING STUDENT application.

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 print legibly and complete this application in black ink.**

Today's Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **STUDENT IDENTIFICATION AND CONTACT INFORMATION**

Name: \_\_\_\_\_  
*(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/Gender Identity:  Male  Female

Phone #: ( ) \_\_\_\_\_ Type:  home  work  cell  friend

Alternate Phone #: ( ) \_\_\_\_\_ Type:  home  work  cell  friend

E-mail address: \_\_\_\_\_

Resident Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

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: \_\_\_\_\_

**FOSTER CARE / DEPENDENCY / WARSHIP STATUS**

Are / Were you 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? \_\_\_\_\_

Did you ever reside at Rancho Damacitas in Temecula, CA?  No  Yes  
If yes, when/what year? \_\_\_\_\_ Do you remember for how long? \_\_\_\_\_

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): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Your age when case closed: \_\_\_\_\_

Are you a Non-Minor Dependent 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 have any disabilities or special needs? No. Yes – If yes, please explain: \_\_\_\_\_

**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/Group Home Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

CASA's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mentor's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Friend's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Current Living Situation: \_\_\_\_\_  
(e.g. group home, foster home, relative, friend, probation, independent housing, THP+FC, homeless, etc.)

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

### HIGH SCHOOL INFORMATION

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

Current Grade / Year: \_\_\_\_\_ Current GPA \_\_\_\_\_  
(e.g. Junior, Senior)

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 schools(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: \_\_\_\_\_

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):

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### **BACKGROUND INFORMATION**

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

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

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### **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: \_\_\_\_\_

Company Phone: (     ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Status:  Full-Time  Part-Time    Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ /hr. - Ending Wage: \$ \_\_\_\_\_ /hr. - Monthly Net Income: \$ \_\_\_\_\_  
*Month / Year      Month / Year*

Position Held: \_\_\_\_\_ Number hours worked per week? \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer?  Yes  No Reason For Leaving: \_\_\_\_\_

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

**FINANCIAL REQUEST INFORMATION**

Financial Need \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Provide a detail of your estimated financial need. Consider costs for tuition, books, transportation, school supplies, etc less other sources of funding such as work, other scholarships, miscellaneous contribution.

Specify how you will apply the New Heights Scholarship monetary award.

**SCHOLARSHIP PROGRAM SURVEY**

How did you become aware of the New Heights Scholarship Program? \_\_\_\_\_

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Who referred you to this scholarship program? \_\_\_\_\_  
*(Name / Relationship)*

Are you interested in peer mentorship? 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_