



## **New Heights Scholarship Application – RETURNING STUDENTS**

This application is for only those individuals who have previously received a New Heights Scholarship and are continuing their education. If you have never applied to the program before please complete the NEW STUDENTS ONLY application.

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

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

### **UPDATED CONTACT INFORMATION**

Name: \_\_\_\_\_  
(First, Middle and Last name as it currently appears on your CA state issued ID card)

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

### **COLLEGE / UNIVERSITY / TRADE SCHOOL INFORMATION**

Did you complete your certification/term/year that the program provided the scholarship to support?

Yes  No – please explain: \_\_\_\_\_

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 currently enrolled?  No  Yes

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

School's address:

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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? \_\_\_\_\_

Did this change from previous year?  No  Yes

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

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

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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### **REFLECTION**

What were your challenges from last year? \_\_\_\_\_

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How did you overcome those challenges? \_\_\_\_\_

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What was your greatest achievement last school year? \_\_\_\_\_

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Is there anything you would like to receive additional assistance? \_\_\_\_\_

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**CURRENT EMPLOYMENT HISTORY / WORK**

Are you currently 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: \_\_\_\_\_  
\_\_\_\_\_

**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**

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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_