



SANTA BARBARA CITY COLLEGE
SCHOLARSHIP APPLICATION

Study Abroad

Study Abroad Program Session	Application Deadline
Fall Semester Abroad Programs	July 1 st
Winter Break Programs	November 15th
Spring Semester Programs	December 1 st
Summer Programs	May 15 th

PERSONAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Gender: (Check one)

- Female
- Male

Ethnicity: (Check one)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Latino or Hispanic
- Native Hawaiian or Other Pacific Islander
- Other
- White

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone: () - _____ Work Phone: () - _____ Cell Phone: () - _____

Email Address: _____ Date of Birth: - - _____

SBCC Student ID #: - - _____ (Please enter your SSN #)

QUESTIONNAIRE:

Are you currently a high school senior?

- Yes No

Are you currently a SBCC student?

- Yes No

If **Yes**, are you:

- First year SBCC student Continuing SBCC student

Will you be transferring to a 4-year university in 2007-08?

- Yes No

If **Yes**, are you transferring in:

- Fall '07 Spring '08

Are you a (Check one):

- US citizen
- Eligible non-citizen (permanent resident)
- International student

None of the above

ACADEMIC INFORMATION:

High School Name: _____ High School Graduation Date: _____ GPA _____
- Ex. 06/2008

Expected SBCC Degree: _____

SBCC major area of study or program: _____ Expected College Graduation Date: _____ GPA _____
- Ex. 06/2008

College to be attended after SBCC graduation: _____

I have been admitted to the college listed Yes No

FINANCIAL INFORMATION:

Marital Status: (Check one)

Single Divorced Married Separated Widowed

Are you listed as a dependent for tax purposes by a parent(s) or guardian? * Yes No

*If you checked **Yes**, complete **Dependent Students** section. If you checked **No**, complete the **Independent Students** section.

* * * DEPENDENT STUDENTS * * *

Student Information:

Applicant's Occupation: _____ Applicant's Employer: _____

Applicant's Total Annual Estimated Income (please report for the last year): _____ Number of People in household: _____

Number in the family who will attend college this academic year? _____

List the dependents who receive more than 1/2 of their support from you. Do not include the scholarship applicant's name.*

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____

*List any additional dependents on back.

Parental Information:

If your natural parent is remarried, you are required to list information about your stepfather or stepmother.

Father/Guardian/Stepfather: (Check one) _____ Mother/Guardian/Stepmother: (Check one) _____

Single
 Married
 Widowed

Divorced
 Separated
 Deceased

Single
 Married
 Widowed

Divorced
 Separated
 Deceased

Father/Guardian/Stepfather: (cont.)

Mother/Guardian/Stepmother: (cont.)

First Name Last Name

First Name Last Name

Street Address1:

Street Address1:

Street Address2:

Street Address2:

City State Zip

City State Zip

Occupation:

Occupation:

Employer:

Employer:

Parents' Total Estimated Income for the current year: _____

List the dependents who receive more than 1/2 of their support from you. Do not include the scholarship applicant's name.*

Name: Age: Relationship:

*List any additional dependents on back.

*** INDEPENDENT STUDENTS ***

Student Information:

Marital Status: (Check one)

Single Divorced Married Separated Widowed

Are you listed as a dependent for tax purposes by a parent(s) or guardian? Yes No

Applicant's Occupation: Applicant's Employer:

Spouse's Occupation:

Spouse's Employer:

Applicant's/Spouse's Total Estimated Income for the Current Year: _____

Number of People in household: _____

Number in the family who will attend college this academic year? _____

List the dependents who receive more than ½ of their support from you. Do not include the scholarship applicant's name.*

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List any additional dependents on back.

Please check **ANY** of the following that apply to you:

- I am a veteran.
- I am Disabled Student Program and Services (DSPS) eligible.
- I am the first in my family to attend college.
- I am Extended Opportunities Program and Services (EOPS) eligible.
- I am a financial aid recipient.
- I am a graduate of Hope or Vieja Valley Elementary School.
- I meet the requirements of AB540.
- I am ineligible for state and/or federal financial aid.
- English is not my first language.
- The United States is not my country of origin.
- I am a single parent, head of household.
- I am currently employed.
- I am a member of SBCC TAP (Transfer Achievement Program).
- I am or my parent is an employee of Applied Magnetics.
- I am a member of Harold Frank Family.
- I have participated in community service.
- I have participated in volunteer activities benefiting the SBCC Campus.
- I am a re-entry student, after a hiatus of five years or more.

PERSONAL ESSAY:

Write and attach a one page personal essay. Your essay should include details about your background, challenges you have faced and/or goals that you have accomplished or set for yourself. Tell of any community service, volunteer work, or extra curricular activities. Explain how a scholarship could assist you in your college career.

APPLICANT SIGNATURE:

The information provided is true and complete to the best of my knowledge. The information in this application is confidential. I authorize SBCC to release materials in my application packet to individuals

SBCC Study Abroad Scholarship Application, page 5 of 5

for groups that may be considering me for financial assistance. I understand that if I am awarded a scholarship, information about me may be release for publicity purposes. I must meet requirements for receiving awarded funds. Furthermore, if I am selected to receive a scholarship, I will abide by the conditions of acceptance set by scholarship criteria.

Applicant Signature: _____

Date: _____