Community College Real Estate Education Endowment Fund
2006-2007 Scholarship Application

Application Filing Period: September 6, 2006 - March 15, 2007

☐ New Applicant   ☐ Renewal Applicant

1. Name: ___________________________ Last First Middle Initial

2. Student ID Number: ___________________________

3. Home Address: Number Street

4. Telephone Number: ( ) ____________

5. Gender: ☐ Male ☐ Female

6. Estimated number of real estate units to be enrolled/completed:

   Fall 2006 __________  Spring 2007 __________  Summer 2007 __________

7. College to be attended during 2006-2007 academic year: ___________________________


10. Estimated Completion Date for above: ___________________________ Month/Year

11. Do you anticipate transferring to a four-year college upon completion of your educational objective above? ☐ Yes ☐ No

   If yes, give name of the four year college (if known): ___________________________

12. Ethnic Identity (this information is voluntary):

   1. ☐ Native American  3. ☐ Hispanic  5. ☐ White

13. Have you completed at least one three-unit, college-level real estate course with a "C" (2.0) average or higher:

   ☐ Yes ☐ No

14. Financial Information: (Complete the information requested of the Independent student or the Dependent student, depending upon how your education and living costs are met. To be accompanied by the 2005 Federal Income Tax forms 1040, 1040A, 1040EZ, or other documentation approved by the Financial Aid Office. If you have applied for financial aid by completing the 2006-2007 Free Application for Federal Student Aid (FAFSA) and have previously submitted the income information requested to the Financial Aid Office, skip this section and go to item 15.)

Self-Supporting Independent Student (Not living with nor supported by parent(s)):

$ ___________ 2005 Student/Spouse Adjusted Gross Income (Form 1040, line 37; 1040A, line 21; 1040EZ, line 4)

$ ___________ Nontaxable Income (All other income received in 2005 that is not included above, such as: TANF benefits, disability, Social Security, child support, etc.)

$ ___________ 2005 Total Income (Add the amounts from the 2 lines above)

Family Size (including applicant, spouse, other household members if they receive more than one-half their support from you and your spouse)

Continued on other side
Dependent Student (Supported by parent(s)):

Parent Information:

Name: ___________________________ ___________________________ ___________________________

Last First Middle Initial

Home Address: ___________________________ ___________________________ ___________________________ ___________________________

Number Street City State Zip

Occupation: ___________________________ Telephone Number: ___________________________

$ ___________________________ 2005 Parent Adjusted Gross Income (Form 1040, line 37; 1040A, line 21; 1040EZ, line 4)

$ ___________________________ Nontaxable Income (All other income received in 2005 that is not included above, such as: TANF benefits, disability, Social Security, child support, etc.)

$ ___________________________ 2005 Total Income (Add the amounts from the 2 lines above)

Family Size (always include yourself (applicant) and your parent(s). Include other household members if they receive more than one-half their support from your parent(s))

15. Letter of Recommendation:
A letter of recommendation is required from a Real Estate Department Instructor. Please attach the letter to this application. Also, attach a copy of your current semester Real Estate course enrollment verification and a copy of verification of completion of your first 3-unit Real Estate course.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give the community college permission to release this information to any agency necessary for the processing or funding of my aid application. In completing this application, if I have indicated an intention to transfer to any California State University (CSU) campus at a future date, I give permission to the California Community Colleges Chancellor's Office to release my name and address to the CSU system so that I may receive information on the CSU Real Estate Scholarship Program.

_________________________ ___________________________
Student Signature Date

_________________________ ___________________________
Parent Signature (Dependent Students Only) Date

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

FOR CAMPUS FINANCIAL AID/SCHOLARSHIP OFFICE USE ONLY

☐ Eligible
☐ Meets household/income standards
☐ Completed FAFSA and has need
☐ Special Circumstances
☐ Not Eligible

Certified by: ___________________________ Date ___________________________ Phone ___________________________