

**\* Application deadline is Monday, April 21, 2008 by 6:00pm.  
Applications must be delivered *in-person* only.**

### **Scholarship Application**

Applies to qualifying *low-income* SFUSD students who

1. Do not meet SFUSD Summer School requirements.
2. Need to repeat a failed course (D or F final letter grade) to meet graduation requirements.

**\* NO scholarships will be given to students taking Driver Education, Health Education, and College/Career Education for the first time.**

If you are interested in applying for a scholarship, please complete and submit **ALL** of the following information:

**P** Completed College for Teens registration form  
(Including SFUSD Permission to Apply Form)

**P** Completed Scholarship application

**P** Copy of High School Transcript showing grade of failed course(s)

**P** COPY of

1. Signed Parent/Guardian 2007 income tax return **OR**
2. Written proof of public assistance from a case worker.  
\* Social Security Benefits statement, copy of a Medical Card, Unemployment Benefits statement **ARE NOT** proof of public assistance.

***\*Please Note: Bring your own copies of all the information requested. NO copies will be made at the College for Teens office. Incomplete scholarships WILL NOT be processed or returned.***

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### **Application Procedures**

#### **1. COMPLETED SCHOLARSHIP APPLICATIONS**

**MUST BE DELIVERED IN-PERSON** by the Parent/Guardian/Student *Only* at the College for Teens office - located at 88 Fourth Street, 2nd Floor (corner of 4th and Mission)  
Office hours are **Monday - Thursday** 9am to 6pm; **Fridays** 9am-4pm; &  
**\*Saturdays** 9am-12pm      \*(4/5/08, 4/12/08, 4/19/08)

**2. NO FAXED or MAILED APPLICATIONS** will be accepted, processed, or returned.

**3. APPLICATION DEADLINE: Monday, April 21, 2008 at 6pm**

4. The College for Teens bases its scholarship qualifications on the federal poverty guidelines located at the US Department of Health and Human Services Website <http://www.hhs.gov/>

*2008 HHS Poverty Guidelines*

<b>Persons in Family or Household</b>	<b>CA</b>
1	\$13,000
2	17,500
3	22,000
4	26,500
5	31,000
6	35,500
7	40,000
8	44,500
For each additional person, add	4,500

**Parent/Guardian/Student must turn in ALL required paperwork to be considered for a scholarship. NO EXCEPTIONS.**

**Student Name:** \_\_\_\_\_

**SFUSD Students:** 10 digit HO# printed on your report card

**HO#** \_\_\_\_\_ **(MANDATORY)**

**\* HO# is MANDATORY; otherwise, application is incomplete and will not be processed.**

**Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**High School:** \_\_\_\_\_  
NAME OF HIGH SCHOOL CITY ZIP CODE

**Current Grade Level:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Counselor's Name/Phone Number:** \_\_\_\_\_

**\* ALL students must answer the following questions.**

1. Did you receive a College for Teens or Special Scholarship in 2007? *Circle* **YES** or **NO**
2. What classes did you take? \_\_\_\_\_
3. Did you complete the class? \_\_\_\_\_ If so, what grade? \_\_\_\_\_  
If not, explain why? \_\_\_\_\_

**WE** have read and understand the Scholarship Application procedures.

**WE** hereby swear or affirm, under perjury, that all the information submitted is true.

**WE** realize that **ANY** false and/or omitted information will be cause for the denial of a scholarship.

**Please read the above information carefully and sign below.**

\_\_\_\_\_  
PARENT/GUARDIAN Signature DATE

\_\_\_\_\_  
STUDENT Signature DATE