THE DEBS FAMILY COMMUNITY COLLEGE SCHOLARSHIP
APPLICATION 2005 - 2006

The Debs Family Community College Scholarship has been established at the Jewish Community Endowment Fund to provide $500, need-based, vocational scholarships to individuals enrolled in vocational/technical programs and classes at CCSF. Applicants must have a 2.5 GPA, have completed 9 units in their discipline and be currently enrolled in a minimum of 6 units in their discipline.

Continuous Open Application Period

ELIGIBILITY
Applicants must be enrolled in one of the following Vocational/Technical Programs:
- Administration of Justice and Fire Science
- Aircraft-Maintenance and Aeronautics
- Architectural Technology
- Automotive Technology
- Biotechnology
- Broadcast Electronic Media Arts
- Business Programs
- Child Development and Family Studies
- Computer Networking and Info Technology
- Computer Science
- Culinary Arts and Hospitality Studies
- Dental Assisting
- Diagnostic Medical Imagining
- Engineering and Technology
- Environmental Horticulture/Floristry
- Fashion
- Graphic Communications
- Health and Health Sciences
- Nursing – RN and LVN
- Journalism
- Labor and Community Studies
- Library Information Technology
- Multimedia Studies
- Photography

Application must include the following attachments:

PERSONAL STATEMENT
Do Not Exceed One Typed Page. Format: Double spaced, one inch margins, font Times New Roman, 12. Address all items listed below.
Please write about your vocational goals and the ways in which they are reflected in your current activities, interests, employment, educational achievements, special needs and financial circumstances. Include information about the steps you are taking to reach your goals and why you are in this field.

LETTERS OF RECOMMENDATION
Please submit two letters of recommendation. At least one letter must be from a college faculty member who has been or is currently your instructor. Faculty recommendation letters must be on CCSF letterhead.

UNOFFICIAL TRANSCRIPTS AND COURSES IN PROGRESS
Please submit an unofficial CCSF transcript and a print-out of your current courses-in-progress available at no charge form the Transcript Office, Conlan Hall 107 or online at www.ccsf.edu.

COPY OF YOUR 2004 FORM 1040, PAGE ONE

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Return your application to: Karen Grant, Scholarship Office
City College of San Francisco
50 Phelan Avenue, Box LB5
San Francisco, CA  94112
The Debs Family Community College Scholarship Application 2005 – 2006

Continuous Open Application Period

Type or print in black ink.

GENERAL INFORMATION:

Name: _________________________________________________________________
Last                                  First                                                          M
Current Address: _______________________________________________________________
                                                                                      City  St                             ZIP
                                                                                      Telephone:  __________________________    Student ID _______________
Education:
Total Units Completed at CCSF: _____  Number of Units in Progress: ______    GPA: ______
Do you intend to transfer to another educational institution?  _____    ______
                                               Yes         No
What is your major or field of study? ____________________
When do you expect to graduate/transfer?  _________________
Where do you plan to transfer: ________________________________

Activities:

List Organizations, Clubs and extra-curricular activities in which you have been active at CCSF
and/or in the community. Please only include activities participated in since high school.
________________________________________________________________________
What are your special interests?
______________________________________________________________________________
______________________________________________________________________________
What awards or commendations have you received?
______________________________________________________________________________
______________________________________________________________________________
Employment:

What work experience have you had? Are you presently employed? List your employer, type of job and dates of employment starting with the most recent job.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

AGE: __________

Are you a U.S. Citizen, U.S. National or a U.S. Permanent Resident? ______  ______
Yes                    No

MARITAL STATUS: ____________          DO YOU HAVE CHILDREN? ____________

THEIR AGES: ________________________

My household’s annual taxable income for 2004 was:

☐ $0 - $13,470  ☐ $22,891 - $27,600  ☐ $37,021 - $41,730
☐ $13,471 - $18,180  ☐ $27,601 - $32,310  ☐ $41,731 - $46,440
☐ $18,181 - $22,890  ☐ $32,311 - $37,020  ☐ over $46,441

How many people are being supported by this income?

I hereby certify that the information provided above is given freely by me and is accurate to the best of my knowledge. I give permission to release this information to the CCSF Scholarship Office and/or its designee(s).

SIGNATURE: ________________________________

DATE: __/___/_____

NOTE: All decisions made by the Jewish Community Endowment Fund are final.