



## “DARE TO DREAM”

### *Application for Academic Scholarship*

Foster A Dream, Inc. is a non-profit organization established in 2002. Our Mission is to build the hopes, dreams, and futures of Bay Area foster children; and be a guiding source for successful transition into the adult world.

Foster A Dream is accepting applications for our 2007 “**Dare to Dream**” **Academic Scholarship** from Bay Area high school seniors and college freshmen, sophomores, and juniors who plan to pursue or continue their higher education dreams (including 4-year college/university, community college, and vocational school). Awards in the amounts of \$1,000 to \$5,000 will be distributed at our 5<sup>th</sup> Annual Dream Gala on May 19, 2007 in Danville, CA. All scholarship funds will be dispersed directly to university financial aid offices and directly applied to the recipient’s school fees and/or tuition for the 2007-2008 academic school year.

#### **ELIGIBILITY CRITERIA:** (You must meet all the following requirements)

- Current or former foster youth living in the Bay Area (Guardian and Renaissance Scholars are also welcome to apply)
- Be under the age of 25 on April 1, 2007.
- Accepted or expect to be accepted to an accredited 4-year college/university, community college, or vocational program.
- Minimum Cumulative GPA of 2.5
- Past “Dare to Dream” Academic Scholarship recipients are eligible to reapply.
- (See required documentation for details)

#### **REQUIRED DOCUMENTATION:**

- Completed and signed application
- Include a recent photo (approximately 2X2 inches)
- Verification of foster care status (you can use an existing letter from your social worker or use the form provided in the application)
- Copy of current high school and/or college transcripts (unofficial acceptable).
- Short Answer Essay
- Personal Statement
- Two letters of recommendation from a teacher, counselor, social-worker, mentor, or community leader.
- Signed and dated release forms
- For reapplying scholars only:** In addition to the above requirements, write a minimum 500 word essay describing your academic success and the impact the “Dare to Dream” Academic Scholarship has had during the past academic year.

**DEADLINE:** The completed application must be mailed to: **Foster A Dream, Attention: Dare to Dream Scholarship, 77 Solano Square #133, Benicia, CA 94510.** All required documentation must be included and post-marked by **April 1<sup>st</sup>, 2007.**



**“Dare to Dream” Academic Scholarship Application**

*Please type or print clearly. Use additional paper if necessary.*

Name: \_\_\_\_\_ Years in Foster Care \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Current/Former Social Worker’s name and contact phone number:

Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Current High School and/or College: \_\_\_\_\_

Current Grade Level or Year in College: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Intended Major: \_\_\_\_\_

Please provide the following information for any schools you have applied to:

Name of School	Intended Major	Date You Applied	Status of Application

Please list other scholarships, grants or financial aid you have applied for or received?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History: Please list your past and current employment

Company	Dates of employment	Wage

**Please answer the following on additional paper(s):**

**Short Answer Essay:** Describe any interests, talents, and activities you participate in (volunteer work, sports, music, clubs, youth groups, church activities, etc.). Please also list community involvement activities with dates of participation.

**Personal Statement:** This is an opportunity for you to share with Foster A Dream who you are. Tell us about your goals and aspirations, personal and academic achievements, and what impacts you have made or received. Describe your personal, educational, and career goals, how foster care has influenced these goals and what steps you are going to take to achieve these goals. Describe an academic barrier you have overcome and your motivation. Tell us why education is important to you and how you would benefit if you received a “Dare to Dream” Academic Scholarship. Minimum 500 words essay.

**Reapplying scholars only:** This is an opportunity for past scholars to share with Foster A Dream the impact the “Dare to Dream” Academic Scholarship has had during the past academic year. Describe a personal struggle and academic challenge and how you were able to overcome it. Minimum 500 word essay.

# **“Dare to Dream” Academic Scholarship**

## **Release Forms**

### **Part A: Application Information**

I, \_\_\_\_\_ (print name) certify that the information in this application is, to the best of my knowledge, true and correct. I understand and agree that misstatements on my application will cause forfeiture of my scholarship. Additionally, I understand that all scholarship funds will be dispersed directly to university financial aid offices, not paid to me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Part B: Office of Financial Aid Release**

If awarded the “Dare to Dream” Academic Scholarship, Foster A Dream may need to release your social security number to your college’s Office of Financial Aid to ensure that it is applied directly to your student fees for the 2007-2008 academic year.

I, \_\_\_\_\_ (print name) give Foster A Dream authorization to release my social security number to my college’s Office of Financial Aid for “Dare to Dream” Academic Scholarship purposes only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Part C: Personal Information Release**

If awarded the “Dare to Dream” Academic Scholarship, I give Foster A Dream permission to use my photographs, and application essays/writings in print, electronic media, and other forms of publicity. Please note that Foster A Dream will not for any reason publish or advertise any applicants date of birth, social security number or financial aid information.

I, \_\_\_\_\_ (print name) give Foster A Dream authorization to use/publish the above mentioned “Dare to Dream” scholarship information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation. If you have any questions or problems please contact Foster A Dream.

## VERIFICATION OF FOSTER CARE STATUS

**APPLICANT:** *Please fill out the top section of this form and then give it to your current or former social worker that can verify your foster care status.*

Applicant's name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

School/program applicant will be attending (if known): \_\_\_\_\_

I give my permission for \_\_\_\_\_ (name of social worker) to release the information requested for my scholarship application.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Dear Social Worker,

The youth named above is applying for a "Dare to Dream" Academic Scholarship from Foster A Dream. For eligibility screening, we require a letter on agency letterhead documenting the time he/she spent in foster care.

Please complete this form and attach a signed letter on your agency's letterhead documenting the dates during which the youth was in foster care through any agency, and their current status. Also, if you are aware of any support services for which the youth will be eligible during postsecondary schooling, such as tuition waivers, ILP funding, etc. please inform us. Please return this form and your letter to the student for inclusion in the application packet.

If you have any questions regarding this form or the requested letter, please contact Foster A Dream at 707-747-0100. Thank you very much for your support of this student.

Social Worker's name: \_\_\_\_\_

Agency name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

# LETTER OF RECOMMENDATION

*Two letters of recommendation are required to be from a teacher, counselor, social-worker, mentor, or community leader who is familiar with the applicant and can address their abilities.*

***Applicant: Print this page and complete Part I before giving this form to your recommender.***

## **Part I**

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

School/program applicant will be attending (if known): \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## **Part II** (to be completed by the recommender)

The youth named above has requested your recommendation to complete their application for a "Dare to Dream" Academic Scholarship from Foster A Dream. We would greatly appreciate your appraisal of the applicant.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return this form and your letter to the student for inclusion in the application packet. If you have any questions please contact Foster A Dream.

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*Two letters of recommendation are required to be from a teacher, counselor, social-worker, mentor, or community leader who is familiar with the applicant and can address their abilities.*

***Applicant: Print this page and complete Part I before giving this form to your recommender.***

## **Part I**

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

School/program applicant will be attending (if known): \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## **Part II** (to be completed by the recommender)

The youth named above has requested your recommendation to complete their application for a "Dare to Dream" Academic Scholarship from Foster A Dream. We would greatly appreciate your appraisal of the applicant.

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Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Please return this form and your letter to the student for inclusion in the application packet. If you have any questions please contact Foster A Dream.