



# SOAR

## SCHOLARSHIP APPLICATION 2016

**PURPOSE:** The purpose of this scholarship award is to encourage, recognize and assist Mountain View and Los Altos high school seniors, and Foothill-De Anza College students transferring to a four-year university or pursuing a career program.

**AWARD:** The scholarship awards of \$1,500 will be presented to the winners upon proof of enrollment at Foothill-De Anza, other college, university or school for vocational training.

**Please type or print clearly.**

**Application Deadline:** Thursday, March 31, 2016 by 5:00PM

**Documents:** Scholarship Application  
Two Letters of Recommendation  
Academic Transcripts, official or unofficial  
Verification of registration for Winter 2016 and Spring 2016 (for college students)

**Application Criteria:**

- I. Scholastic Performance** – Applicant has a minimum 2.5 GPA.
- II. Service** – Applicant has participated in projects and activities outside the realm of work and formal education, or has shown a willingness to serve his or her school, friends, family or community.
- III. Goals and Objectives** – Applicant has demonstrated that he or she is developing a sense of purpose in his or her present life as well as for the future by setting goals and objectives focused on a career path.
- IV. Financial Need** – While not a major factor, financial need will be considered in deciding between two equally qualified applicants.
- V. Deadline** – Applicant must submit application, two recommendations and transcripts by **Thursday, March 31, 2016 by 5:00PM.**
- VI. Submission** – Only complete application packages will be reviewed by the SOAR Scholarship Committee.

**Complete Application Packages Are To Be Mailed or Dropped Off To:**

Chamber of Commerce Mountain View  
ATTN: SOAR SCHOLARSHIP COMMITTEE  
580 Castro Street  
Mountain View, CA 94041

Please type or print clearly.

**PERSONAL DATA:**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

**I. SCHOLASTIC PERFORMANCE: (Please send a copy of your transcript for all years in high school or college)**

NAME AND LOCATION OF HIGH SCHOOL - **FOR HIGH SCHOOL SENIORS ONLY**

\_\_\_\_\_

EXPECTED DATE OF GRADUATION \_\_\_\_\_

NAME AND LOCATION OF COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL YOU ARE PLANNING TO ATTEND:

\_\_\_\_\_

**FOR FOOTHILL/DE ANZA COLLEGE STUDENTS ONLY**

LIST CONCURRENT ENROLLMENT AT OTHER COLLEGES: \_\_\_\_\_

LIST COLLEGE/UNIVERSITY YOU ARE PLANNING TO TRANSFER TO: \_\_\_\_\_

CURRENT GPA \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

**II. GOALS AND OBJECTIVES (250 words or less)**

a) What are your career goals? How are you pursuing these goals? Why does this occupation or career interest you?

b) What improvements have you made in your life? How did you make these improvements? What do you feel brought about this change and why was it necessary?

**III. SPECIAL INTERESTS (250 words or less)**

Describe extracurricular school or community activities in which you have been involved. Include student government, sports, clubs, church activities, volunteer work, service activities, family, etc.

**IV. ADDITIONAL INFORMATION (250 words or less)**

Describe your unique personal or professional attributes that would assist the selection committee in making a positive decision regarding this application.

**V. FINANCIAL RESPONSIBILITY**

**a) Employment**

1) NAME AND ADDRESS OF CURRENT EMPLOYER:

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DATES OF EMPLOYMENT:

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MAIN RESPONSIBILITIES AND DUTIES:

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2) NAME AND ADDRESS OF PREVIOUS EMPLOYER:

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DATES OF EMPLOYMENT:

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MAIN RESPONSIBILITIES AND DUTIES:

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**b) What motivated you to work? For example, financial reasons, family responsibilities, etc... (100 words or less)**

c) What family responsibilities do you have? (100 words or less)

VI. HOW WOULD THIS SCHOLARSHIP HELP YOU ACHIEVE YOUR EDUCATIONAL AND CAREER GOALS? (250 words or less)

VII. RECOMMENDATIONS

Two letters of recommendation are required. Please ask two adults who know you well (professor, employer, coach, teacher, neighbor, etc. – no family members) to write a letter of recommendation and provide them with this application. Provide the names and addresses of the two people who will be your references:

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

AGREEMENT:

I understand that all applications and supporting information, including publicity, become the property of the CHAMBER OF COMMERCE MOUNTAIN VIEW, who shall have discretionary authority in all matters pertaining to this application and the awards. I authorize publicity and use of my name and photographs.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The completed application and letters of recommendation **MUST BE DELIVERED** to the **CHAMBER OF COMMERCE MOUNTAIN VIEW BY Thursday, March 31, 2016 by 5:00PM**. Winners will be notified by phone or email on April 15, 2016. Announcement of the winners and presentation of the scholarships will be made at the Chamber of Commerce Mountain View ATHEA/SOAR Success Series Luncheon on Thursday, May 12, 2016 from 11:30am – 1:30pm. For more information contact Katrina Tenedora at (650) 968-8378.

Please check all boxes to ensure a completed application package has been submitted:

- Completed Application
- Transcripts requested & received by 3/31/2016
- 2 Letters of Recommendation requested & received by 3/31/2016
- ONLY complete application packages will be reviewed

Return complete application, letters of recommendation and transcripts to:

Chamber of Commerce Mountain View  
ATTN: SOAR SCHOLARSHIP COMMITTEE  
580 Castro Street  
Mountain View, CA 94041  
Phone: (650) 968-8378  
Office Hours: MON-FRI, 9AM to 5PM