

SCHOLARSHIP APPLICATION

Impact Bay Area • www.impactbayarea.org
510.208.0474 • 1724 Mandela Parkway Suite 1, Oakland 94607

name: _____ home phone: _____
address: _____ other phone: _____
city, zip: _____ email: _____

Please complete this two-page application and return it to the Impact Bay Area office. Attach copies of your most recent tax return and most recent pay stub. All personal and financial information is kept confidential. Please allow 4-6 weeks for processing of this application.

In addition, attach a sheet of paper with the following information:

1. explain how you heard about Impact Bay Area
2. explain why you want to take an Impact Bay Area course (include any information which you feel might be pertinent, such as current life situation, history of assault or abuse, therapy or current danger)
3. explain why you need a scholarship
4. list all members of your household with whom you share expenses and/or income (include name, age, relationship, if they contribute income or are a dependent)
5. list all sources of income, amount received and frequency (include employer, child support, general assistance, social security, disability, partner/spousal support, etc.)
6. list and describe your assets and their value (include current balance of savings, real estate, stocks, trusts, etc.)
7. let us know if you are claimed as a dependent on anyone else's tax return and if so, who claims you as a dependent

Amount of financial assistance requested: _____

In which course do you wish to enroll? Please list location and course number.

1st choice: _____

2nd choice: _____

Please also complete the information on the second page ...

Have you seen a public celebration? This is required before a scholarship can be granted.

If yes, which one did you see? _____

If no, which are you planning to attend? _____

Complete the following table:

Expense Item	Balance (total amount owed)	Others' Contributions	Your Monthly Payment
mortgage or rent			
credit card debts			
car loans			
other outstanding loans			
insurance (car/medical)			
food			
clothing			
utilities and phone			
transportation			
child care			
other expenses:			
		Total Monthly Expenses:	

Initial the following:

_____ I have read and understand the financial assistance and tuition policies.

_____ I understand that my scholarship application will not be processed until it is complete.

_____ I understand that scholarships are given only when scholarship money is available.

_____ I understand that I will pay some amount to show my commitment to the course.

_____ I understand it will take 4-6 weeks for Impact Bay Area to process my application.

Complete the following:

I (print your name) _____ verify that the information I have given in this application is complete and true. *Sign:* _____ *Date:* _____

If you have any questions, please call 510.208.0474. Please return your entire completed application to: Impact Bay Area at fax number 510.208.0475 or mailing address 1724 Mandela Parkway Suite 1, Oakland, CA 94607.