

**HAYWARD COMMUNITY SCHOOLS EDUCATION FOUNDATION
SCHOLARSHIP APPLICATION
POST-GRADUATE**

****Please attach your most recent college transcript**

1. NAME _____ Cell/Telephone Number: _____

2. Home Address _____

3. Parents Names _____

4. Date of Graduation from Hayward High School _____

5. High School Rank in Class _____

6. College GPA **last semester** _____

7. Cumulative College GPA _____

8. Name of school you are attending _____

9. Major Field of Study _____

10. Year you expect to complete vocational or college training _____

11. Year in School: _____ Freshman _____ Sophomore _____ Junior _____ Senior

12. Colleges or other schools attended since high school:

13. Reasons for selecting present school

FINANCIAL INFORMATION

14. Ave. Annual Educational Expenses

Tuition and Fees \$ _____
Room and Board \$ _____
Books \$ _____
Travel \$ _____
Miscellaneous \$ _____
TOTAL \$ _____

15. Annual Financial Resources Expected

Parent Contribution \$ _____
Student Contribution \$ _____
Scholarships \$ _____
Grants \$ _____
Loans \$ _____
Other \$ _____
TOTAL \$ _____

15. List scholarships received since high school graduation, including Hayward Education Foundation:

<u>Name</u>	<u>Amount</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. List other aid received since high school, including grants, loans, work-study, etc.

17. List Employment History (include the past three years)

<u>Employer</u>	<u>Dates of Employment</u>
_____	_____
_____	_____
_____	_____

18. Please give any extenuating circumstances impacting your financial need that the committee should consider. (For example: large debts, grandparents supported by family, serious illness, death in the family, etc.)

I declare that the information reported on this statement, to the best of my knowledge and belief, is true and complete.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____