

Scholarship Application 2023-2024 Academic Year

To be eligible, the student, or their parent or legal guardian, must be employed by a golf course or its related hospitality facilities located within the Sacramento Region. The scholarship is available for college/university-level education and is renewable based upon reapplication and qualification.

Application Checklist

address below. Late or incomplete applications will not be considered.					
	Complete <u>all</u> sections of the application				
	A personal essay				
	Official, sealed copy of the most recent high school or college transcripts				
	A completed FAFSA (visit <u>www.fafsa.ed.gov</u> for more information)				
	Two letters of recommendation; one must be from a teacher				

In order to be considered for a scholarship award, the following items must be sent to the

Del Paso Foundation 3333 Marconi Avenue Sacramento, CA 95821

Mail your completed application and additional elements by the deadline of June 10, 2023 to:

Applications sent in without all of the required elements, or those postmarked after the deadline, will not be considered. It is the student's responsibility to make sure all elements are postmarked on or before the deadline of **June 10**, **2023**.

Personal Information

Applicant's Name
Address
City State Zip
Telephone E-Mail
Date of Birth
Name of eligible employee (applicant or parent):
Name of applicant's association to golf / hospitality (Applicant or Parent)
Contact information for employment verification
* This information is collected for internal purposes only.
Academic Information
High School or college you are currently attending
Cumulative GPA as of your Fall transcript
□ SAT or □ ACT Score
Type of institution: Private Public Community College
Have you been accepted? Yes Date of acceptance
What is your major? What do you aspire to do?
When is your expected graduation date? ☐ Spring 20 ☐ Fall 20

If you have not made a decision as to which college you are attending, please list your top three choices:
1
2
3
Financial Information
If you are a dependent student, please have your parents complete this form using information from last year's Federal Income Tax Return. (If your parents have not filed taxes by the time they are filling this out, they must estimate using the previous year). If you are independent, complete this form using information from last year's Federal Income Tax Return. (If you have not filed taxes by the time you are filling this out, you must estimate using the previous year). This information is also required in your FAFSA, and you may use those figures to complete this application.
I am using numbers from last year's tax return
☐ I am using estimated numbers from the previous year's tax return
Parent's current marital status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowe
Student's current marital status
Total number in household
If student is a dependent, please list the total number of people in your family who will be attending college during the academic year
Father or Guardian's Occupation
Mother or Guardian's Occupation
Student's Occupation
Annual income earned from work by:
Father or Guardian \$ Mother or Guardian \$
Annual adjusted gross income \$

Academic Information - continued

Financial Information - continued

		<u>Paren</u>	t(s) Guardian(s)	<u>Student</u>
Untaxed Income/benefits (SSI, etc.) List of sources	\$		\$	
Medical / Dental expenses not covered b	y insurance	\$		\$
Cash, saving, stocks, bonds, CD's, etc. (exclude retirement funds, i.e. IRA)	\$		\$	
Net value of real estate holdings not use residence (market value less mortgage based on the control of the con		\$		\$
Please list the approximate annual cost to and board). Most colleges provide this in		• , ,	,	cluding tuition, room
\$				
\$				
\$				
Do you plan to work while in college?	☐Yes	□No	Number of hours	
List all forms of financial aid that you have other financial assistance).	ve applied for a	and will pote	entially receive (i.	e. grant, scholarships or
Name / type of financial assistance	overed by insurance 's, etc. RA) s not used as a primary rtgage balance) lal cost to attend the code this information on the code this information of the code this information on the code this information of the code th		Amount you expect to receive	
			\$	
			\$	
			\$	
			\$	
			\$	

On a separate sheet, please note any extenuating circumstances that would result in a significant change in income.

Activities & Achievements

Essay

On a separate sheet of paper, please include a one-page typed, single-spaced essay to provide the selection committee with your most compelling self-portrayal, and to show your will to succeed.

Letters of Recommendation

You must provide **two** letters of recommendation from individuals who are not related to you, including **one** from a teacher.

If selected as a scholarship recipient, I understand I will be required to submit verification enrollment and my grade point average prior to receiving payment. I understand I will receive payment until this information has been received and reviewed. I certify that a information submitted is true and complete for consideration as a recipient of a Del Paragonal Scholarship.				
Signature D	Date			