



# SCHOLARSHIP APPLICATION FALL 2009 – SPRING 2010

**APPLICATION DEADLINE: 4:00 P.M., MARCH 6, 2009**

**Submit all of the following to the Financial Aid Office at either the Kentfield or Indian Valley campus by 4:00 p.m.on Friday, March 6, 2009:**

1. The completed and signed application form.
2. One letter of recommendation from a College of Marin faculty member who is aware of your **current** work. If you have a major, the recommendation of a faculty member should be from someone within your major field.
3. A one-page statement about your educational and career goals and why you are deserving of a scholarship.

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street Apt# City State Zip

Phone Number ( ) \_\_\_\_\_ Campus You Now Attend: KTD\_\_\_\_ IVC\_\_\_\_

Male\_\_\_ Female\_\_\_ Marital Status: Single\_\_\_ Married\_\_\_ # of dependent children\_\_\_ Ages of children\_\_\_

Do you live with a parent or other adult relative? (Do not include your spouse)  yes  no

## EDUCATION INFORMATION & CAREER GOALS

High School Attended: \_\_\_\_\_ City/State \_\_\_\_\_

COM Major: \_\_\_\_\_ Goal: Degree\_\_\_ Certificate\_\_\_ Transfer\_\_\_

Expected date of graduation from COM: \_\_\_\_\_20\_\_\_ Expected date of transfer to another college: \_\_\_\_\_20\_\_\_

If transferring, name of college you plan to transfer to: \_\_\_\_\_

What is your current educational goal? \_\_\_\_\_

What is your career goal? \_\_\_\_\_

I am currently enrolled in the \_\_\_\_\_ program at College of Marin.

**COLLEGE OF MARIN FOUNDATION  
SCHOLARSHIP APPLICATION CONTINUED**

**All applicants will be considered for General Scholarships. If you wish to be considered for a special category, please check which one below:**

- |   |                           |
|---|---------------------------|
| _____ART  | _____GAY/LESBIAN STUDENTS |
| _____ATHLETICS  | _____HUMANITIES/ARTS      |
| _____BUSINESS MNGMT/ECONOMICS/MARKETING                     | _____LIFE/ EARTH SCIENCES |
| _____AUTOMOTIVE TECHNOLOGY                                  | _____MATHEMATICS          |
| _____COMMUNICATIONS   | _____MUSIC                |
| _____DISABLED STUDENTS                                      | _____NATIVE AMERICAN      |
| <input type="checkbox"/> Check here, if physically disabled | _____REGISTERED NURSING   |
| _____EDUCATION/TEACHING                                     | _____VOCATIONAL PROGRAMS  |
| _____ENGINEERING/PHYSICAL SCIENCES                          |                           |
| _____ETHNIC MINORITY  |                           |

**ACADEMIC ACTIVITIES, HONORS, EXTRACURRICULAR ACTIVITIES AT COLLEGE OF MARIN:**

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I give the Scholarship Committee permission to review my academic record. I authorize the information in this application to be used in the Awards program, if I am selected as a scholarship recipient.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**COLLEGE OF MARIN FOUNDATION  
SCHOLARSHIP APPLICATION CONTINUED**

Current Employer \_\_\_\_\_

Position \_\_\_\_\_ Hrs/Week \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

All financial information must be accurately completed in order for you to be considered for a scholarship

**Estimate your total Income and Expenses for the 2009/2010 school year**

Income:

Expenses at the College you will attend:

Income	\$ _____	Rent & Utilities	\$ _____
Aid from Parents & Relatives	_____	Food	_____
Financial Aid *	_____	Tuition & Fees	_____
Spouse's Income	_____	Books & Supplies	_____
Gen.Assistance, SSI, other benefits	_____	Transportation	_____
Child and/or Spousal Support	_____	Child Care	_____
Other Income	_____	Other _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

\* I have applied for financial aid     YES     NO

Use this space to describe special circumstances related to your financial situation:

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