



SCHOLARSHIP APPLICATION FALL 2012 – SPRING 2013

APPLICATION DEADLINE: 4:00 P.M., MARCH 5, 2012

Submit all of the following to the Financial Aid Office at either the Kentfield or Indian Valley campus by 4:00 p.m. on Monday, March 5, 2012:

1. The completed and signed application form.
2. One letter of recommendation from a College of Marin instructional 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 current educational and career goals, your personal achievements,

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:

_____AFRICAN AMERICAN

_____HUMANITIES/ARTS

_____ART

_____INTERNATIONAL STUDENT

_____ATHLETICS

_____LIFE/ EARTH SCIENCES

_____AUTOMOTIVE TECHNOLOGY

_____MATHEMATICS

_____BUSINESS MNGMT/ECONOMICS/MARKETING

_____MUSIC

_____COMMUNICATIONS

_____NATIVE AMERICAN

_____DISABLED STUDENTS

_____REGISTERED NURSING

_____EDUCATION/TEACHING

_____VOCATIONAL PROGRAMS

_____ENGINEERING/PHYSICAL SCIENCES

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

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 2012/2013 school year

Income:

Expenses at the College you will attend:

Income \$ _____
 Aid from Parents & Relatives _____
 * _____
 Income _____
 Gen.Assistance, SSI, other benefits _____

 Care _____
 Other Income _____
TOTAL \$ _____
 \$ _____

Rent & Utilities \$ _____
 Food _____ Financial Aid
 Tuition & Fees _____ Spouse's
 Books & Supplies _____
 _____ Transportation
 Child and/or Spousal Support _____ Child

 Other _____
 _____ **TOTAL**

* I have applied for financial aid YES NO

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