**application**

**You qualify if:**

* You attend an accredited public college or university in San Diego County.
* You are enrolled for at least 9 credit hours per semester.
* You have a 2.0 GPA or above each semester.
* You have been in the San Diego County Foster Care Program.

**Deadlines AND MAILING:**

* Fall - Postmarked no later than June 30th.
* Spring - Postmarked no later than October 10th.

**Mail all documents except application to:**

Fostering Opportunities Scholarships  
 c/o Katie Elsbree  
7450 Olivetas #231  
La Jolla CA 92037

Once your application has been received, we will contact your to arrange an interview.

**HOW TO APPLY**

Mail all documents listed below except application to the address to the left. Handwritten applications, except for signature, will not be accepted.

**All Students:**

* Application - Print, sign, scan and e-mail to d.applebee@yahoo.com.
* An official transcript for your last semester as soon as it is available
* Proof of enrollment in a San Diego County college/university with at least 9 credit hours per semester

**New Applicants:**

In addition to the documents above, you must also submit:

* Proof of having been in the San Diego County Foster Care Program (letter from CPS)
* Letter of recommendation from supportive adult

**Questions? Call 619.550.7754**

Last Name First Name Middle Name Date of Birth

Address

Email Telephone Cell Phone

High School(s) Attended Date of Graduation/GED

College/Trade School Attending Number of Units this Semester

What is your expected tuition cost?

Are you receiving or plan to receive any other scholarships or financial assistance? ☐No ☐Yes (list name and amount)

Please list dates if you have been in: ☐Polinski Children’s Center ☐San Pasqual Academy ☐Group Home (Name)

Have you lived in: ☐San Diego’s North County ☐San Diego’s East County ☐Neither

**Agreement**

“I agree to the following:

1. I agree that if I am offered and accept an award from Fostering Opportunities Scholarships, or an affiliated program Fostering Opportunities Scholarships and its affiliated programs may use my name, my photo, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my “Recipient Information”) in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Fostering Opportunities and its affiliated programs.
2. I also give my permission to Fostering Opportunities to contact Child Protective Services (CPS) and my current and past educational institutions for verification of involvement.
3. I agree to attend two award Luncheons per year (one for each semester, the first Saturday in August, and the first Saturday in December).
4. Upon accepting this scholarship, I agree to submit my official transcripts from the educational institution I am attending each semester.
5. I also acknowledge it is my responsibility to keep FOS informed of any changes to my contact information or educational plans.”

Signature Date

**Question 1**

State your career/educational goal and the steps you will take to reach it. For example, “I want to become an elementary teacher. To get there I intend to take the following steps: Attend community college (2 years), transfer to a four-year college, complete teacher credentialing.“

Answer (Write as much as you need.)

**Question 2**

If you could thank the people who gave you this scholarship, what would you say?

Answer (Write as much as you need.)

**Question 3**

Please give an example of how you have successfully overcome a challenge or a difficult situation.

Answer (Write as much as you need.)

**Question 4**

To help our mentors know a bit about you, do you have any siblings? How many, and how old?

Answer (Write as much as you need.)

**Question 5**

Do you have any children or siblings for whom you are guardian? How many, and how old?

Answer (Write as much as you need.)