

Students of Color {S.O.C.} Scholarship Fund

Application

PLEASE TYPE OR PRINT CLEARLY

Applicant's Name: Sex: M F

Street Address:

City, State, Zip:

Phone: Age: Birth Date:

Social Security # Graduation Date:

Current School:

Address:

Are you a person of color? Yes No What race? _____

Where are you planning to use your scholarship?

Name of parent (s):

Parent's Social Security #: Father Mother

Mother's maiden name:

Leadership and Community Involvement:

Awards/Honors (may be attached):

Work Experience (may be attached):

WORK EXPERIENCE: (list all previous work experience if applicable)

EMPLOYER:

ADDRESS:

CITY/STATE/ZIP:

POSITION:

DATES FROM/TO:

RESPONSIBILITIES:

EMPLOYER:

ADDRESS:

CITY/STATE/ZIP:

POSITION:

DATES FROM/TO:

RESPONSIBILITIES:

EMPLOYER:

ADDRESS:

CITY/STATE/ZIP:

POSITION:

DATES FROM/TO:

RESPONSIBILITIES:

Please provide the following:

1. **Essay:** Write a brief essay {not to exceed 2 doubled spaced pages} telling us about yourself and why you believe education is important. Discuss the challenges you foresee, how you think you can contribute to your chosen field, your community and/or society in general.

2. **Financial need:** Please include your financial-aid information: Free Application for Student Aid (FAFSA) or the FAFSA Student Aid Report (SAR)

3. **References/Transcript:** Please have two reference letters and your full **official** transcript mailed along with all other required materials to Financial Freedom Solutions. The letters should be from people who know you; your academic and/or business related work and/or your community participation. **(Do not include relatives as references.)**

Deadline: The completed application, essay, financial information, letters of reference, official school transcript and promise note must be **postmarked by March 1st**. Materials postmarked after this date will not be considered.

Send the fully completed application to:

Financial Freedom Solutions
C/O The Students of Color Scholarship Fund
P.O. Box 13980
Mill Creek, WA 98082.

Verification:

I affirm that the information included with my application is true and accurate in all respects. I also understand that the awarding of funds is contingent upon my enrollment in the accredited institution listed on my application and that the funds will be used toward the cost of my education. I further understand that if fail to continue to meet the award criteria, I may be required to repay a portion of the award.

Signature: _____ Date: _____

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Promise Note

I, _____, promise to help others gain access to educational opportunity by doing the following: (**Note:** You must tell us when you plan to start doing whatever you indicate below.)

1)

2)

3)

This promise is my commitment and I recognize fully that helping others to achieve their educational dreams is one clear way I can make a positive difference in my community.

Signature: _____ Date: _____