



OHLONE COLLEGE SCHOLARSHIP APPLICATION

PLEASE COMPLETE ALL INFORMATION REQUESTED. ALL INFORMATION SHALL BE KEPT CONFIDENTIAL UNLESS OTHERWISE SPECIFIED BY THE APPLICANT AND/OR PARENT/GUARDIAN.

Name of Scholarship: _____

STUDENT INFORMATION

Name: _____ Social Security # _____

Address: _____ Zip _____

Home Phone: _____ Work Phone: _____ Email _____

California Resident? yes no

Citizenship: U.S. Citizen Permanent Resident Other _____

Ohlone College Major or Career Goal: _____

Number of College Units Completed: _____ Current Units: _____

ACTIVITIES AND INVOLVEMENT

Please attach a separate type written sheet one page personal statement which highlights school and community activities, shares why you want to attend college, what your personal and career goals are and how this scholarship will assist you in achieving those goals.

PLEASE NOTE: APPLICATIONS, TRANSCRIPTS, LETTERS OF RECOMMENDATION, ETC. WILL NOT BE RETURNED AND ARE NOT KEPT ON FILE IN THE FINANCIAL AID OFFICE AFTER SELECTION. PLEASE MAKE COPIES FOR YOUR OWN RECORDS.

RETURN COMPLETED APPLICATION AND ANY APPLICABLE SUPPORTING DOCUMENTATION TO THE FINANCIAL AID OFFICE: Ohlone College, Bldg. 1

FOR OFFICE USE ONLY

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