

SCHOLARSHIP APPLICATION



ARIZONA FRIENDS OF FOSTER CHILDREN
FOUNDATION
(AFFCF)

ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION
P.O. BOX 36233
PHOENIX, AZ 85067-6233
(602) 252-9445
SCHOLARSHIP APPLICATION

OFFICE USE ONLY
GRANT NO.
DATE APPLICATION RECEIVED
TOTAL AMOUNT GRANTED
DATE/AMOUNT 1ST DISBURSEMENT
DATE/AMOUNT 2ND DISBURSEMENT

- Follow **all** directions (see attached instruction sheet).
- Answer each question completely, to the best of your ability.
- Do **not** sign application certification until all information is complete (see “check list” included with directions).
- Mail completed and signed application to: **Arizona Friends of Foster Children, P.O. Box 36233, Phoenix, AZ 85067-6233, Attention: SCHOLARSHIPS**

#1 Applicant's Name (Last, First, MI)		#2 Birthdate (MO/DAY/YR)
#3 Applicant's Current Mailing Address		
#4 Applicant's Permanent Address		
#5 Applicant's Phone No.	#6 Alternative Phone No.	#7 Social Security No.
#8 Currently in Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	#9 Ward of the State of Arizona From: To:	#10 Ward of Any Other State(s) (if applicable) State: From: To:
#11 Participated in Young Adult Program <input type="checkbox"/> Yes <input type="checkbox"/> No		
#12 CPS Casemanager (current or former)		#13 CPS Casemanager's Phone #
#14 CASA's Name & Phone No. (if applicable)		
#15 Personal Reference's Name		#16 Phone No.
#17 Personal Reference's Address		
#18 Academic Reference's Name		#19 Phone No.
#20 Academic Reference's Address		

Please Check One:

- New Application (first time Student/Applicant has applied to AFFCF for scholarship)
- Renewal Application (Student/Applicant is a continuing scholarship recipient)

Education and Training (List most recent first)

#21 Name of High School, GED Program, Course, Trade or Business School	#22 City & State	#23 Dates Attended	#24 Degree/Diploma Date Received

Proposed School/Program Information

#25 Name of School/Program	
#26 Address of School/Program	
#27 Description of School/Program <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational/Technical School <input type="checkbox"/> Correspondence Courses <input type="checkbox"/> Other (Specify):	
# 28 Proposed Course of Study	#29 Proposed Start Date
#30 Do you plan to attend <input type="checkbox"/> Part Time <input type="checkbox"/> Three-quarter Time <input type="checkbox"/> Full Time	#31 Proposed Completion Date
#32 Name of Financial Aid Officer (or other school contact)	#33 Phone No.
#34 Have You Applied to the School/Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Applied:	#35 Accepted Into School/Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach letter of acceptance)
#36 Applying for Scholarship Assistance <input type="checkbox"/> Semester: Fall/Spring/Summer (circle one) <input type="checkbox"/> School Year	

Financial Information					
#37 List proposed total expenses for this <input type="checkbox"/> Semester <input type="checkbox"/> Year	#38 Estimated amount	#39 List <i>all</i> Grants, Student Loans, Work Study Programs, Scholarships, and any other Loans actually <i>applied</i> for this <input type="checkbox"/> Semester <input type="checkbox"/> Year	#40		#41 Date received (if applicable)
			Amount requested	Amount received	
Tuition	\$	Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Fees	\$		\$	\$	
Books	\$		\$	\$	
Transportation (monthly)	\$		\$	\$	
Rent (monthly)	\$		\$	\$	
Food (monthly)	\$		\$	\$	
Utilities (monthly)	\$		\$	\$	
Day Care (if applicable)	\$		\$	\$	
Other (specify)	\$		\$	\$	
TOTAL	\$		\$	\$	

#42 Have you completed a FAFSA (Free Application for Federal Student Aid) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach a copy of completed application or summary report)					
#43 Other Sources of Funds (Personal Savings, Family/Friends, etc.)					
Source: Amount: <input type="checkbox"/> Semester <input type="checkbox"/> Year	Source: Amount: <input type="checkbox"/> Semester <input type="checkbox"/> Year	Source: Amount: <input type="checkbox"/> Semester <input type="checkbox"/> Year			
#44 Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			#45 Do you plan to work while in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
#46 If currently employed or will be employed while in school, Expected Earnings: <input type="checkbox"/> Semester <input type="checkbox"/> Year					
#47 Name of Employer				#48 Phone No.	
#49 Total Amount Requested from AFFC Foundation				#50 Date Needed	

#51 Applicants Personal Statement of Goals

I HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and completed the scholarship application. I affirm the correctness of the foregoing answers and information provided on this application and supporting documents. If my financial conditions change from that stated in this application, I will promptly inform *Arizona Friends of Foster Children Foundation*.

Applicant's Signature

Date

Instructions For Filling Out Scholarship Application

- #1 Student/Applicant's full name.
- #2 Student/Applicant's birthdate: month/day/year.
- #3 Student/Applicant's current mailing address.
- #4 Student/Applicant's permanent mailing address, if different than current address.
- #5 Student/Applicant's phone number.
- #6 Student/Applicant's alternative phone number, e.g. voice mail/message number, pager number.
- #7 Student/Applicant's Social Security number.
- #8 Is the Student/Applicant currently in foster care?
- #9 What dates (month/year) was the Student/Applicant in foster care in the State of Arizona? (e.g. From: 1/90 To: 6/97)
- #10 Was the Student/Applicant in foster care in any other state, besides Arizona? If Yes, what dates (month/year)? (e.g. From: 1/90 To: 6/97)
- #11 Did the Student/Applicant participate in the Young Adult Program (YAP) through Arizona's Child Protective Services?
- #12 Name of the most current Child Protective Services' Casemanager assigned to Student/Applicant's CPS case.
- #13 CPS Casemanager's phone number (last known).
- #14 Name and phone number of Student/Applicant's assigned Court Appointed Special Advocate (CASA) (if applicable).
- #15 Name of Student/Applicant's "Personal Reference" (e.g. foster family, CASA, CPS Casemanager, Guardian ad Litem, Attorney, etc.)
- #16 Phone number of "Personal Reference".
- #17 Address of Personal Reference".
- #18 Name of Student/Applicant's "Academic Reference" (e.g. Teacher, Principal, Counselor, etc.)
- #19 Phone number of "Academic Reference".
- #20 Address of "Academic Reference".
- #21 - #24 Names and location (city and state) of all high schools, GED programs, Trade or Business schools previously attended, including dates attended, degree or diploma awarded, and date received.
- #25 - #26 Name and address of School/University/College/Course of Study/Program to which Student/Applicant is applying or has applied.
- #27 Check description that best describes the proposed School/Program.
- #28 Describe Student/Applicant's proposed course of study. (e.g. medical, accounting, nursing, biology, cosmetology, general, etc.)
- #29 Proposed start date of classes/program.
- #30 Check Student/Applicant's proposed status.
- #31 Proposed completion date of classes/program.
- #32 - #33 Name and phone number of financial aid officer, or other school/program contact person.
- #34 Date Student/Applicant applied to School/Program.
- #35 Has Student/Applicant been accepted into School/Program? If yes, attach a copy of acceptance letter.
- #36 Indicate if Student/Applicant is seeking assistance for only one particular semester, or for the entire school year.
- #37 - #38 List all anticipated expenses and amounts for the applied for semester/year.
- #39 - #41 List all grants, loans, scholarships, work study programs, and amounts applied for, received, and date such funds were received.
- #42 Indicate whether Student/Applicant has completed a FARSAs, if yes, attach a copy of the completed application or summary report.
- #43 List other sources of funds to be used for educational purposes.
- #44 - #48 Provide requested employment information.
- #49 - #50 Indicate amount from AFFC Foundation and date needed. (Please remember that AFFCF provides a maximum of \$1000.00 per semester and \$2000.00 maximum per year, including fall, spring and summer semesters.)
- #51 The AFFC Foundation would like to hear directly from you. Please use the space provided to tell us about your goals and objectives in pursuing your chosen course of study.

Check List

Documents Needed To Complete New Application (new applicants):

- _____ Completed AFFCF Scholarship Application
- _____ Letters of recommendation: (1) Personal; and (2) Academic
- _____ If currently enrolled in proposed School/Program, copy of most recent transcript
- _____ Copy of FAFSA application or summary report
- _____ Copy of acceptance letter into proposed school/program
- _____ Information on proposed Course of Study/School/Program

Documents Needed to Complete Annual Application (continuing applicants):

- _____ Completed AFFCF Scholarship Application
- _____ Continuing AFFCF Scholarship recipients must provide a copy of their most recent transcript (unofficial O.K.)
- _____ Any updated FAFSA report
- _____ Verification of current registration

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Please contact us directly with your questions