



Scholarship Application

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Do you experience any of the following as a barrier to employment?

- Currently or previously in foster care
- Family or self living below poverty level (qualify for Medi-cal, Cal-fresh etc)
- Previously incarcerated
- Parent incarcerated
- Physical/developmental/intellectual disability
- Experiencing homelessness
- Part of the BIPOC community
- Part of the LGBTQ community
- English is your second language
- Mental health diagnosis _____
- Other: _____