**Fostering Educational Opportunities Foundation**

Thank you for taking time to apply for a FEOF Scholarship! To assist you with funds needed to continue your education, FEOF is offering scholarships between $1,000-$5,000 per academic year. To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Applicant requirements:

* Currently or formerly participated in foster care
* Minimum GPA of 2.0 and in good academic standing
* Demonstrates a need for financial assistance with higher education or training
* Attending or planning on attending college or a job training program
* Enrolled or planning on enrolling as a full-time (12 hours) student
* Be between the age of 18-26

Applying for a Scholarship

To be considered for a FEOF Scholarship please submit the following:

* Completed scholarship application
* Current high school or college transcript
* Current student Financial Aid award letter
* 500 word essay describing your educational goals
* Letter of recommendation or reference
* Resume (optional)
* Proof of current or previous foster care participation

Incomplete applications and/or missing required documents will not be considered for a scholarship.

Once completed, please submit all your information to the Fostering Educational Opportunities Foundation as follows:

**By Mail:** Fostering Educational Opportunities Foundation

 ATTN: Scholarship Committee

 4537 Alcala Way, Palm

 Palm Springs, CA 92262

**By Email:** Deborah@fosteringeducationalopportunitiesfoundation.com

**By Fax:**  Fostering Educational Opportunities Foundation

 ATTN: Scholarship Committee

 Fax Number:

Personal Data

1. Applicant’s Full Name:

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 LAST NAME FIRST NAME MIDDLE INITIAL

1. Date of Birth Social Security Number

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1. Applicant’s Complete Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET ADDRESS

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 STREET ADDRESS (SECOND LINE)

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 CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

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 PHONE ALTERNATE PHONE NUMBER

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 E-MAIL ADDRESS

High School/ College /Institute of Higher Learning Information

1. Date to graduate (or graduated) from high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. High School GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently attending college or a training program? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If answered yes complete number 7-10

1. If yes, what year are you enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many credits are required for graduation? \_\_\_\_\_\_\_\_\_\_\_
3. How many credits have you earned toward graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date expected for graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. If No, have you applied yet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted? \_\_\_\_\_\_\_\_\_\_\_
6. Which school will you attend in the coming semester (include location)?

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1. What is your anticipated college major or certificate of training?

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1. Indicate the total cost (per academic year) of the college/institute of higher learning you are/will be attending, including tuition, housing, utilities, books, personal needs, etc.

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1. Are you currently receiving or have you applied for other financial aid or scholarships? If so, what is the total anticipated or known amount of the awards? Please list each award and its source.

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1. Community Service or volunteer experience (may be included as an attachment)
2. Student organization memberships (may be included as an attachment)
3. List any awards, honors, or scholarships you have received in the past four years (may be included as an attachment)

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Authorization Information

\_\_\_\_\_\_\_\_ I release to the Fostering Educational Opportunities Foundation (FEOF) the right to Initial access my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet FEOF scholarship criteria.

\_\_\_\_\_\_\_\_ I understand my name and information from my academic history may be released Initial to the scholarship selection committee(s) and the scholarship donors. I release to

 the FEOF, the right to use my name, story , and picture for printed and video

 materials, reports, and press releases, without compensation.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information herein to be verified and shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_