

D. **FINANCIAL INFORMATION**

1. Income for past Academic Year \$ _____
2. Source of income or financial support: _____

3. Number of people you support: _____
4. Are you currently receiving financial aid? Yes () No ()

E. **COMPLETE IF MINOR:** Parent (s) Guardian (s)

Name: _____ Name: _____
Address: _____ Address: _____

I certify that the information given above is true and accurate to the best of my knowledge and authorize its release to all persons who need access to consider my application.

SIGNATURE OF STUDENT

DATE

NOTE: This application must be completed by student and submitted to Raymond R. Farmer Memorial fund Scholarship Committee and the attached Statement of Progress must be provided to instructors.

<u>FOR OFFICIAL USE ONLY</u>		
<u>Verification of Eligibility</u> (Application)	<u>YES</u>	<u>NO</u>
Scholastic Grade-Point Average _____ (2.0 or higher) Or satisfactory progress	_____	_____
<u>College Eligibility:</u>		
Currently enrolled in a District College Program with six units or more:	_____	_____
In second semester or later	_____	_____
<u>Continuing Education Eligibility:</u>		
Currently enrolled in a Continuing Education High School or Vocational Education Program with a minimum of 108 hours completed.	_____	_____
Completed by: _____	Date: _____	

- F. **Essay:** Please write a 200 word essay discussing your future plans/goals. Also describe some of the most difficult obstacles and challenges you have had to face to date.

Essay must be typed and attached.

STATEMENT OF PROGRESS

Complete top information & provide to instructor for completion/submission to Counseling.

SITE: _____

STUDENT'S NAME: _____

COURSE NAME: _____

INSTRUCTOR'S NAME: _____

------(Section below for completion by instructor only)-----

ATTENDANCE

The student enrolled in my class on

He/she has attended _____ hours to date

He/she attends: (please circle) regularly irregularly no longer attending

Percent of course completed: _____%

PROGRESS

If a grade is given in your course, indicate grade student has earned to date: _____

If no grade is given, please circle one of the following:

Progress has been: excellent very good average fair poor

OTHER COMMENTS:

I certify that the above information is correct and up-to-date.

Instructor Signature _____ Date _____



IMPORTANT - Please do not return to student.

Turn in to counseling office or (Name)

RETURN TO: _____