

SAN DIEGO COMMUNITY COLLEGE DISTRICT  
RAYMOND R. FARMER MEMORIAL FUND  
EDUCATIONAL CULTURAL COMPLEX  
SCHOLARSHIP GRANT APPLICATION

DATE \_\_\_\_\_

**ECC STUDENTS ONLY**

**2011**

I hereby apply for a student scholarship grant under the terms of the Raymond R. Farmer Memorial Fund to assist in the payment of my educational expenses.

**A. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
Number and Street City/County Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**B. SCHOLASTIC INFORMATION**

1. Currently Enrolled (Check One): City College ( ) Mesa College ( ) Miramar College ( )

ECC ( ) Continuing Education at: \_\_\_\_\_ Center ( )

\_\_\_\_\_ Units Completed \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_ Units Currently Enrolled In

2. Major or Educational Objective \_\_\_\_\_

Plan to continue education at \_\_\_\_\_

3. For Non-College Students:

a. High School: \_\_\_\_\_  
Year Graduated Grade Pt. Avg. Transcript on file at

b. Please write a few sentences below in your own handwriting answering the following question:  
Why do you feel you should be awarded a Raymond Farmer Memorial Fund Scholarship?

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

**C. SCHOOL OR COMMUNITY SERVICE List all services (use back of sheet for additional entries)**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Time spent serving: From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Type of service: Volunteer  Paid

Duties performed: \_\_\_\_\_

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

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.

**FOR OFFICIAL USE ONLY**

<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:** \_\_\_\_\_