



CUESTA COLLEGE
communityprograms
 www.cuesta.edu/communityprograms
General Scholarship Application

PURPOSE:

The Community Programs Department scholarship program is made possible through the generous donations of community members who support the Cuesta College Foundation. The purpose of this program is to assist those economically disadvantaged to participate in enrichment programs and classes offered by the College's Community Programs Department.

ELIGIBILITY:

1. Participant/Student must be a resident of San Luis Obispo County
2. Scholarships will be awarded depending on funds available, the number of applicants, and the cost of the class the scholarship would be used for
3. Scholarships will not cover class material fees or parking

SCHOLARSHIP AWARD PROCESS:

1. Scholarships are awarded on the basis of need and fund availability
2. Application must be COMPLETELY filled out and signed by applicant
3. Applications will be reviewed by Scholarship Awards Committee
4. If you are awarded a scholarship, the amount of the scholarship will be "credited" in your name for use towards the registration of a FUTURE class (not currently enrolled or past activities)
5. If you are concerned about a specific class filling up, we recommend that you pre-register for that class and use the scholarship towards a class that is less likely to fill
6. Scholarships have no cash/refund value and are valid only for activity number noted in application

PLEASE SELECT THE PROGRAM:

- | | |
|---|--|
| <input type="checkbox"/> Aqua Fitness | <input type="checkbox"/> Swimming Lessons |
| <input type="checkbox"/> College for Kids | <input type="checkbox"/> 4th Grade Camp |
| <input type="checkbox"/> Camps/Leagues | <input type="checkbox"/> Science Camps |
| <input type="checkbox"/> Community Education/Online Classes | <input type="checkbox"/> Writers' Conference |
| <input type="checkbox"/> Other (please specify): | |

ACTIVITY SCHOLARSHIP REQUESTED FOR:

Activity Name					
Activity Number	#	Date(s)			
Registration Amount <small>(not including material fees)</small>	\$	Total Amount Requested	\$		

PERSONAL INFORMATION:

Participant Name & Date of Birth						
Parent/Guardian Name <small>(if participant is under 18 years of age)</small>						
Address				City	State	Zip
Cell Phone	Work Phone		Email			
Approximate Household Income <small>(as reported on latest income taxes)</small>				Number of dependent children <small>(as reported on latest income taxes)</small>		

MANDATORY QUESTIONS:

Participant: Explain in your own words why you want to attend this program and what you expect to gain from the experience.

Participant/Parent/Guardian: Describe any special circumstances that exist and explain your need for a scholarship (information provided is kept confidential).

Participant/Parent/Guardian: Describe how you will help promote the classes, workshops, and activities offered by Community Programs.

Participant/Parent/Guardian: Would you still be able to participate in this activity if the request is only partially fulfilled. Please explain.

My signature below indicates that the information I have provided is accurate to the best of my knowledge and that I have read and understand the procedure as laid out on this application.

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Participant Signature

Parent/Guardian Signature

FOR OFFICE USE ONLY:

Date Received:		Received By:	
Date Reviewed:		Reviewed By:	
Date Processed:		Processed By:	

Approved []	Denied []	Amount Approved:	
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Notes: