

# *Al Patch Foundation*

## **2018 Scholarship Program**

**3 Scholarships Available!**

### **Guidelines**

The California Crime Victims Coalitions announces the 2018 **Albert (Al) Patch Foundation Scholarship Awards Program**. Under the Program, three (3) \$1,000 scholarships will be awarded to high school seniors. The scholarship awards are only available to children of California Medical Facility Employees.

#### Program Guidelines & Priorities:

- \* Seeking graduating high school seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- \* Applicants must have a minimum GPA of 3.0 and plan to attend a 2 or 4 year college or technical school.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. Application deadline is **May 01, 2018** by **4:00 p.m.** to be received by the California Crime Victims Coalition. Late applications are not accepted.

Mail one copy of a completed typed application package to:

*(This includes application with signoff by Guidance Department, essay, resume, and school transcript.)*

California Crime Victims Coalition  
c/ o Albert (Al) Patch Foundation  
P.O. Box 894  
El Centro, CA. 92244

The applications will be reviewed and recipients selected by a committee consisting of volunteers from the California Crime Victims Coalition. The scholarships will be awarded in May 2018.

Applications may be downloaded from the California Crime Victims Coalition website at [www.californiavictims.com](http://www.californiavictims.com)

Please submit any questions to: [AlPatchScholarship@californiavictims.com](mailto:AlPatchScholarship@californiavictims.com)

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## SCHOLARSHIP APPLICATION 2018

Please <b>print</b> your answers.			
1.	Last Name:	First Name:	
2.	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>		
3.	Daytime Telephone Number: (      )  Email Address:		
4.	Date of Birth:    Month:                      Day:                      Year:		
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.		
6.	Are you the first person in your family to go to college:    YES ___    NO ___		
7.	Name and location of High School attending:		
8.	<p><b>(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)</b></p> <p>A. List any academic honors, awards and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p>		
9.	<p>A. If you have decided on what college you will attend, please list school name:</p> <p>B. If not, list your top 3 college choices:</p>		
12.	Provide the full name of the CMF Employee and relationship to student:		
	Employee Title:	C.	Department:
13.	<p>Name &amp; address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b></p> <p>Name(s) : Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span></p> <p>Home phone of parents or legal guardians: <span style="float: right;">Work phone:</span></p>		

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## **14. On a separate sheet please type an essay (250 - 500 words) answering the questions below:**

Describe how volunteer or community service has shaped who you are today and what community service has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

### **STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Albert (Al) Patch Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Albert (Al) Patch Foundation Scholarship policy, I must be present at any potential awards ceremony, surprise, or reception in June 2018 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Albert (Al) Patch Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will submit this application with all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the California Crime Victims Coalition.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Checklist**

- \_\_\_ Application
- \_\_\_ Essay
- \_\_\_ Resume/Activity Sheet
- \_\_\_ Guidance Counselor signature
- \_\_\_ School Transcript

#### **MAIL COMPLETE APPLICATION PACKAGE AT:**

**California Crime Victims Coalition  
C/O Albert (Al) Patch Foundation  
P.O. Box 894  
El Centro, CA. 92244**

#### **REMINDER:**

**The deadline for this application to be received by the California Crime Victims Coalition is: MAY 01, 2018, 4:00 p.m. NO EXCEPTIONS!**