

PETERSON SCHOLARSHIP APPLICATION 2017

****Application MUST be received by 4:30 p.m., Friday, April 21, 2017****

NAME (please print) _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER () _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ CITIZENSHIP _____

NAME OF PARENTS, THEIR ADDRESS, OCCUPATION(S), EMPLOYER(S)

NAME OF COLLEGE YOU ATTEND OR PLAN TO ATTEND _____
MOST RECENT GRADE POINT AVERAGE _____

DESCRIBE YOUR EDUCATIONAL GOALS _____

WHAT IS YOUR PAST WORK EXPERIENCE? _____

Funds of the Peterson Scholarship Fund are to be used for the educational purposes of worthy, talented, industrious men and women who are planning a career or are presently working in a child development program, the field of developmental disabilities, or related fields. Scholarships are available for students who are residents of San Diego and/or Imperial counties. In order to be eligible for scholarships, applicants must demonstrate a financial need.

In addition to the completed application, please submit the following required information:

- 1) A one-page letter describing how you plan to make a difference and indicating why you believe you qualify for this scholarship;
- 2) Two letters of professional recommendation; and
- 3) A college transcript (does not need to be a certified copy).

All finalists will be interviewed.

Deadline: Application must be received by the Foundation for Developmental Disabilities at the address below by **4:30 p.m. on Friday, April 21, 2017**. Faxed copies will NOT be accepted.

SUBMIT TO: FOUNDATION FOR DEVELOPMENTAL DISABILITIES
Attn: Thelma McVicker
4355 Ruffin Road, Suite 116
San Diego, CA 92123
(858) 256.2222

FINANCIAL STATEMENT OF APPLICANT

YEARLY INCOME

Employer Name _____
Wages \$ _____
Family Assistance \$ _____

Other Income (describe)
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL INCOME \$ _____

ASSETS

Cash \$ _____
Savings \$ _____
Checking (Average Balance) \$ _____
Auto _____ \$ _____

Year/Make
Other Assets (describe)
_____ \$ _____
_____ \$ _____

TOTAL ASSETS \$ _____

SUMMER EMPLOYMENT PLANS

Indicate the amount of financial assistance you are requesting: \$ _____

Additional Comments:

Date: _____

YEARLY EXPENSES

Tuition \$ _____
Rent \$ _____
Food \$ _____
Living Expenses \$ _____
Installment Pmts \$ _____

Other Expenses (describe)
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES \$ _____

Signature of Applicant