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**PETERSON SCHOLARSHIP APPLICATION 2023**

\*\*Application **MUST** be received by **NOON April 7th, 2023**\*\*

NAME (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_

TELEPHONE NUMBER ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITIZENSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents, their address, occupation (s) and employer (s):

MOTHER:

FATHER:

NAME OF COLLEGE YOU ATTEND OR PLAN TO ATTEND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECENT GPA: \_\_\_\_\_\_\_\_\_\_

Describe your education goals: ***Please type in your responses in a separate word document and submit with your application.***

Describe past work experience: ***Please type in your responses in a separate word document and submit with your application.***

Funds of the Peterson Scholarship 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 County and who plan to remain in the area to work. To be eligible for scholarships, applicants must demonstrate a financial need.The Peterson Scholarship Committee continues to accept and give priority to qualified first and second grant applications. The committee may also accept, review, and award grants to selected students who have had two previous grants. Further requests for grants from a student will not be considered if their survey has not been returned.

**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 NOON on April 7th, 2023. You may also email to: mail@foundationfordd.org**

**SUBMIT TO: FOUNDATION FOR DEVELOPMENTAL DISABILITIES**

**Attn: Peterson Scholarship 6050 Santo Road Ste. 145, San Diego, Ca 92124**

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**FINANCIAL STATEMENT OF APPLICANT**

**YEARLY INCOME** **YEARLY EXPENSES**

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wages $ \_\_\_\_\_\_\_\_\_\_\_\_ Tuition $ \_\_\_\_\_\_\_\_\_\_

Family Assistance $ \_\_\_\_\_\_\_\_\_\_\_\_ Rent $ \_\_\_\_\_\_\_\_\_\_

Food $ \_\_\_\_\_\_\_\_\_\_

Living Expenses $ \_\_\_\_\_\_\_\_\_\_

Installment Pmts. $ \_\_\_\_\_\_\_\_\_\_

Other Income (describe) Other Expenses (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**TOTAL INCOME**  $ \_\_\_\_\_\_\_\_\_\_ **TOTAL EXPENSES** $ \_\_\_\_\_\_\_\_\_\_

**ASSETS**

Cash $ \_\_\_\_\_\_\_\_\_\_ Student Loans (describe)

Savings $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Checking (Average Balance) $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Auto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Year/Make

Other Assets (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**TOTAL ASSETS** $ \_\_\_\_\_\_\_\_\_\_ **TOTAL EXPENSES** $ \_\_\_\_\_\_\_\_\_\_

**SUMMER EMPLOYMENT PLANS**

***Please type in your responses in a separate word document and include with your application.***

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

Additional Comments:

***Please type in your responses in a separate word document and include with your application.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_