

# 2010 PAVLETICH FAMILY SCHOLARSHIP APPLICATION

BAKERSFIELD COLLEGE  
OFFICE OF FINANCIAL AID & SCHOLARSHIPS  
1801 PANORAMA DRIVE ♦ BAKERSFIELD, CA 93305

PHONE: (661) 395-4427  
FAX: (661) 395-4688

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TO BE ELIGIBLE FOR SCHOLARSHIP CONSIDERATION, STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS:

1. TO A DONOR, GOOD GRADES ARE THE BEST EVIDENCE OF A STUDENT'S MOTIVATION AND POTENTIAL FOR SUCCESS. COMPLETION OF AT LEAST 6 COLLEGE UNITS BY THE END OF FALL SEMESTER 2010 IS RECOMMENDED.
2. COMPLETE THE ATTACHED SCHOLARSHIP APPLICATION AND INCLUDE A TYPED STATEMENT OF 200-300 WORDS AS FOLLOWS:
  - a. INDICATE YOUR EDUCATIONAL PLANS AND CAREER GOALS
  - b. INCLUDE COMMUNITY AND SCHOOL INVOLVEMENT
  - c. INCLUDE NEED FOR SCHOLARSHIP ASSISTANCE AND ANY SPECIAL CIRCUMSTANCES
  - d. AT LEAST 2 (TWO) LETTERS OF RECOMMENDATION
  - e. **Sign and date your statement**
3. SUBMIT ALL INFORMATION TO:  
JOAN WEGNER, DIRECTOR  
BAKERSFIELD COLLEGE  
OFFICE OF FINANCIAL AID & SCHOLARSHIPS  
1801 PANORAMA DRIVE  
BAKERSFIELD, CA 93305
4. STUDENTS APPLYING FOR SCHOLARSHIP CONSIDERATION MUST BE PLANNING TO BE ENROLLED AT BAKERSFIELD COLLEGE AND/OR AN APPROVED TRANSFER INSTITUTION FOR THE 2010-2011 ACADEMIC YEAR.
5. SCHOLARSHIPS ARE BASED ON ANY NUMBER OF THE FOLLOWING: SCHOLASTIC ACHIEVEMENT, FINANCIAL NEED, SCHOOL ACTIVITIES, COMMUNITY SERVICE, HONORS AND ORGANIZATIONAL AFFILIATIONS, AND EDUCATIONAL OBJECTIVES. DEPENDING ON SPECIFIC DONOR CRITERIA, OTHER ELEMENTS MAY BE REVIEWED, SUCH AS FIELD OF STUDY OR MAJOR.
6. INTERVIEWS MAYBE REQUESTED. IN THE EVENT THAT AN INTERVIEW IS REQUESTED, YOU WILL BE CONTACTED WITH FULL INSTRUCTIONS.

**SCHOLARSHIP NOTIFICATION:** SCHOLARSHIPS ARE COMPETITIVE BY NATURE. EVERYONE WHO FILES AN APPLICATION WILL NOT RECEIVE A SCHOLARSHIP. STUDENTS SELECTED TO RECEIVE A SCHOLARSHIP WILL BE NOTIFIED BY MAIL BY THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS. AWARD NOTICES INCLUDE SCHOLARSHIP AMOUNT, DISBURSEMENT AND DONOR INFORMATION. IF AWARDED A SCHOLARSHIP, THE AWARD IS PAYABLE FOR THE 2010-2011 ACADEMIC YEAR. IT IS RECOMMENDED THAT RECIPIENTS SEND A NOTE OF APPRECIATION TO DONORS LISTED ON THE AWARD LETTER.

**2010-2011**  
**PAVLETICH FAMILY SCHOLARSHIP FORM**

**PERSONAL DATA (Please Print or Type)**

<hr/>	<hr/>	<hr/>	<hr/>	
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>BC STUDENT ID #</b>	
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<b>CURRENT MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE No.</b>
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<b>PERMANENT MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE No.</b>
<hr/>				
<b>BIRTHDATE:</b> _____ / _____ / _____	<b>AGE:</b> _____	<b>MALE</b> _____	<b>FEMALE</b> _____	
<b>HIGH SCHOOL ATTENDED:</b> _____				
<b>DATE OF GRADUATION:</b> _____				
<b>LIST ALL PRIOR COLLEGES ATTENDED (OTHER THAN BAKERSFIELD COLLEGE) AND INCLUDE DATES ATTENDED. PROVIDE OUR OFFICE WITH A COPY OF YOUR TRANSCRIPT FROM EACH COLLEGE LISTED.</b>				
_____				
_____				
<b>CURRENT MAJOR:</b> _____				
<b>INTENDED MAJOR, IF DIFFERENT:</b> _____				
<b>ULTIMATE CAREER GOAL/FINAL DEGREE HOPING TO ATTAIN:</b> _____				
<b>COLLEGE OR UNIVERSITY YOU WILL ATTEND FALL 2010:</b> _____				
<b>COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2011:</b> _____				
<b>(ADVISE THE OFFICE OF FINANCIAL AID &amp; SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2010/SPRING 2011.)</b>				
<b>IS EITHER OF YOUR PARENTS EMPLOYED BY BAKERSFIELD COLLEGE?</b>				
<b>IF YES, LIST NAME OF PARENT:</b> _____				
<b>IF YOU HAVE A DISABILITY, DO YOU WISH TO BE CONSIDERED FOR SCHOLARSHIPS FOR STUDENTS WITH A DISABILITY?</b> _____ YES _____ NO				

**COLLEGE AND COMMUNITY ACTIVITIES**

INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHIP, OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HAVE RECEIVED.

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INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.

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I AM ASKING THE FOLLOWING PEOPLE TO SUBMIT RECOMMENDATIONS IN SUPPORT OF MY APPLICATION FOR SCHOLARSHIP:

1. \_\_\_\_\_
2. \_\_\_\_\_

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**AS A SCHOLARSHIP APPLICANT, I HEREBY RELEASE INFORMATION CONTAINED ON THIS APPLICATION AS WELL AS MY ACADEMIC TRANSCRIPTS TO CAMPUS PERSONNEL AND/OR PRIVATE DONORS AS MAY BE REQUIRED IN CONNECTION WITH SECURING A SCHOLARSHIP FOR ME. IN ADDITION, I WAIVE MY RIGHT TO ACCESS AND REVIEW CONFIDENTIAL RECOMMENDATIONS ACQUIRED FOR PURPOSES OF DETERMINING AND GRANTING THIS SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIPS MAY BE DENIED IF ANY INFORMATION REPORTED ON THIS APPLICATION IS FOUND TO BE INTENTIONALLY MISLEADING OR INACCURATE.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

# FINANCIAL INFORMATION

STUDENT'S NAME: \_\_\_\_\_ BC STUDENT ID # OR SSN \_\_\_\_\_

## **STUDENT INFORMATION:**

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME

CURRENT EMPLOYER: \_\_\_\_\_

STUDENT'S MARITAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SEPARATED  
\_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED

NUMBER OF DEPENDENT CHILDREN: \_\_\_\_\_ AGES OF CHILDREN: \_\_\_\_\_

STUDENT'S 2009 ADJUSTED GROSS INCOME: \$ \_\_\_\_\_

SPOUSE'S 2009 ADJUSTED GROSS INCOME: \$ \_\_\_\_\_

STUDENT'S NON-TAXABLE INCOME FOR 2009: \$ \_\_\_\_\_

(INCLUDE SOCIAL SECURITY, TANF, VETERAN'S BENEFITS, CHILD SUPPORT, ETC.)

IF YOU LIVE WITH YOUR PARENTS AND/OR WERE CLAIMED AS A DEPENDENT OR EXEMPTION ON YOUR PARENT'S TAX RETURN, THEN COMPLETE THE PARENT INFORMATION BELOW.

## **PARENT INFORMATION:**

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PARENT'S MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED  
\_\_\_\_\_ WIDOWED \_\_\_\_\_ BOTH DECEASED

**NOTE:** IF PARENTS ARE SEPARATED OR DIVORCED, LIST ONLY CUSTODIAL PARENT'S INCOME.

PARENTS' 2009 ADJUSTED GROSS INCOME: \$ \_\_\_\_\_

PARENTS' NON-TAXABLE INCOME FOR 2009: \$ \_\_\_\_\_

(INCLUDE SOCIAL SECURITY, TANF, VETERAN'S BENEFITS, CHILD SUPPORT, ETC.)

FAMILY SIZE (NUMBER OF INDIVIDUALS IN YOUR IMMEDIATE FAMILY, INCLUDE YOURSELF) \_\_\_\_\_

TOTAL NUMBER OF IMMEDIATE FAMILY MEMBERS WHO ARE SUPPORTED BY THE FAMILY INCOME, WHO WILL BE ATTENDING COLLEGE IN 2010-2011: \_\_\_\_\_

WHERE DO YOU PLAN TO LIVE DURING THE 2010-2011 ACADEMIC YEAR?

\_\_\_ WITH PARENTS \_\_\_ IN OWN HOME/APARTMENT \_\_\_ OTHER (EXPLAIN): \_\_\_\_\_

\*\*\* FOR STATISTICAL PURPOSES \*\*\*

RACIAL/ETHNIC BREAKDOWN (CHECK ONE):

[ ] AMERICAN INDIAN [ ] AFRICAN AMERICAN [ ] CAUCASIAN [ ] ASIAN  
[ ] HISPANIC [ ] PACIFIC-ISLANDER [ ] FILIPINO [ ] OTHER \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? [ ] YES [ ] NO

