



CENTRAL VALLEY OPPORTUNITY CENTER SCHOLARSHIP APPLICATION

MISSION STATEMENT

Our mission is to provide employment, skills training, education, and emergency services to improve the quality of life for farm workers and underserved members in our communities.

PLEASE TYPE OR PRINT ALL INFORMATION (EXCEPT SIGNATURES)

NAME:

(First, middle, and last)

MAILING ADDRESS:

(Include city, state, and zip code)

YOUR EMAIL ADDRESS:

Do you check it at
least once per week?

Yes No

DATE OF BIRTH:

(Include month, day, and year)

PHONE NUMBER:

(Include area code)

APPLICANT DATA

FATHER'S NAME:

FATHER'S OCCUPATION:

MOTHER'S NAME:

MOTHER'S OCCUPATION:

ARE YOU THE FIRST PERSON IN YOUR FAMILY TO PURSUE A COLLEGE EDUCATION?

(Yes or No)

DO YOU ATTEST THAT YOU ARE A LOW-INCOME STUDENT?

(Yes or No)

**DID YOU, OR YOUR IMMEDIATE FAMILY HAVE FARMWORKER OR AGRICULTURAL
EMPLOYMENT WITHIN THE LAST 24 MONTHS?**

(Yes or No)

PLEASE PROVIDE BIOGRAPHICAL INFORMATION: CONTINUE ON THE SUPPLEMENTAL PAGE AS NEEDED.

WORK EXPERIENCE

***If you provided your resume, you do NOT need to complete this portion.**

Describe your work experience during the past four years. Indicate dates of employment for each job and the approximate number of hours worked each week. Please include paid and volunteer work.

Company/Organization and position	Date started	Date ended	Average hours worked per week	Reason for leaving

AWARDS AND HONORS

List all school and community activities in which you have participated during the past four years (i.e.: student government, sports, choir, bank, volunteer work, etc.) Use the supplemental sheet if necessary.

GOALS AND ASPIRATIONS

Please write a brief paragraph describing your educational plans as they relate to your career objectives and future goals. Use the supplemental sheet if necessary.

UNUSUAL CIRCUMSTANCES

Write a brief paragraph describing any situation or circumstance that may hinder you from pursuing higher education at this time. (You may include hardships, obstacles, family situations, etc.) Use the supplemental sheet if necessary.

SCHOOL INFORMATION

NAME OF CURRENT COLLEGE OR HIGH SCHOOL:

ANTICIPATED GRADUATION DATE:

PLEASE LIST OTHER SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED:

INTENDED MAJOR OR FIELD OF STUDY:

TRANSCRIPT INFORMATION

*Please upload or attach a college or high school transcript (unofficial transcript is acceptable).

CERTIFICATION AND AUTHORIZATION

I/we attest that all of the information on this form is true and complete to the best of my/our knowledge. I/we realize that if all required documentation is not submitted, the student will not be considered for a scholarship.

I/we authorize CVOC to use the photo of myself to be published in CVOC's awards ceremony program booklet, CVOC's website or other marketing purposes.

I understand and agree that CVOC may contact my (applicant's) parents or guardians to provide them with information regarding CVOC programs and services.

SIGNATURE OF APPLICANT:

DATE:

PARENT/GUARDIAN SIGNATURE:

DATE:

(If the student is a dependent)

SUPPLEMENTAL SECTION

Please note which section you're continuing.

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