

Check below:  
 Need based scholarships  
 Non-need based

**PALO ALTO HIGH SCHOOL**  
**COMMUNITY SCHOLARSHIP APPLICATION**

Return by **February 5th**  
to Sandra Cernobori  
in the College Center

NAME OF APPLICANT: \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State & Zip code

Social Security # \_\_\_\_\_ Telephone# \_\_\_\_\_ E-mail \_\_\_\_\_

Teacher Advisor: \_\_\_\_\_ GPA \_\_\_\_\_ (leave blank) \_\_\_\_\_

1st Choice College: \_\_\_\_\_ 2nd Choice College \_\_\_\_\_ Planned Major: \_\_\_\_\_

SAT I Scores: Math \_\_\_\_\_ Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ (LIST BEST SCORES FROM ANY TEST)

ACT: Composite Score: \_\_\_\_\_

•Are the student's natural or adoptive parents separated or divorced? (Please circle) YES NO

•Did either parent graduate from a 4 year college (Please circle) YES NO

•List other dependent children and dependent family members. State relationship and at which college, if any.

Name	Age	Relationship	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

•Employment (include hrs/wk, summer and/or after school): \_\_\_\_\_

•Contributions to the school and/or community: \_\_\_\_\_

•Awards, honors and other achievements: \_\_\_\_\_

•Future goals and ambitions: \_\_\_\_\_

**FOR NEED-BASED APPLICANTS - PLEASE TURN OVER AND FILL OUT THE SECOND PAGE**

Check below:  
 Need based scholarships  
 Non-need based

**PALO ALTO HIGH SCHOOL**  
**COMMUNITY SCHOLARSHIP APPLICATION**

Return by **February 5th**  
to Sandra Cernobori  
in the College Center

**FINANCIAL SECTION: REQUIRED FOR NEED-BASED SCHOLARSHIPS ONLY**  
**(Confidential)**

*It is important to turn in documents on time; don't wait until you file your tax returns; complete the FAFSA using estimates.*

**When did you file the FAFSA? \_\_\_\_\_ Attach a copy of your Student Aid Report with EFC to this application.\***

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (If self-employed, state nature of business): \_\_\_\_\_

2009 Gross Income earned: \$ \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (If self-employed, state nature of business): \_\_\_\_\_

2009 Gross Income earned: \$ \_\_\_\_\_

<b>Adjusted Gross Income of custodial parent(s)/guardian(s):</b> (estimate from 1040 form, Adjusted Gross Income for 2009)	Father/Guardian	\$ _____
	Mother/Guardian	\$ _____
	Joint Return	\$ _____

Student 2009 Income (e.g., earnings, dividends & interest) \$ \_\_\_\_\_

Student Assets (e.g., trusts, individual savings) \$ \_\_\_\_\_

Other financial assistance (public, private) \$ \_\_\_\_\_

Please describe more fully any or specific financial circumstances that might have bearing on the applicant's financial need. It may be necessary to request a copy of your 1040 for certain scholarships.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby consent to the release of all information on this application to organizations and others that may wish to provide scholarships.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* required