2015-2016 AB 540 Dream Scholarship

Must meet the following criteria to be eligible for the AB 540 Dream Scholarship:

A. If you are a new Hancock student, you must complete the online admissions application along with the AB 540 affidavit. Please call 922-6966 extension 3248 if you have any questions about the admissions application.

B. Eligible for AB 540
   1. Attended a CA high school for 3 or more years;
   2. Graduated from a CA high school or attained the equivalent (GED)
   3. Registered or are currently enrolled at an accredited CA college or university; and
   4. Filed an affidavit with your college or university stating that you have or intend to file an application to legalize your immigration status, if applicable.

C. Awarded BOG for 2015-2016 Academic Year. You can fill out Dream Act application online or you can obtain and submit the paper BOG form at Financial Aid office. Please call 922-6966 extension 3205 if you have any questions about the BOG form.

D. Enrolled in credit classes at Allan Hancock for Fall 2015

E. Demonstrate high financial need.

F. Express desire and demonstrate motivation to obtain a higher education.

Please turn in the following to the EOPS office at Allan Hancock College, building A:

1. Application
2. Personal statement
3. Copy of Fall 2015 class schedule
4. Letter of recommendation (Use form provided, no attachments, cannot be a family member.)

Application deadline is June 4 by 3:00 p.m.
*LATE and INCOMPLETE applications will NOT be considered.

Selected students will be notified by July 1 via email.

This opportunity is possible because of the donations and support from community members and Allan Hancock faculty and staff.
2015-2016 AB 540 Dream Scholarship Application

Name: ____________________________________________

Hancock student ID Number: H____________

Address: ________________________________________
City: ________________________________ Zip Code: _____________

Home Phone: ________________________________
Cell Phone: ________________________________

Date of Birth: __________________________
Gender: Female ____ Male ______

E-mail Address: ____________________________
(award decision will be sent by email. Make sure your email address is legible and correct)

Academic Background

High School Attended: ___________________________ High School GPA: ____________

Number of Years Attended in a California High School: ______________

Received Diploma or GED by August 2015:  □ Yes  □ No

Major: ________________________________________

Career of Interest: ______________________________

1. What is your current GPA? _______________

2. How many units do you plan to enroll in
   Fall 2015 _______ Spring 2016 _________

3. How many units have you completed at Allan Hancock? ______________

4. Degree objective or goal: (Please check all that apply)
   Certificate ___
   Associates Degree ___
   Bachelors Degree ___

5. Do you have a current Student Education Plan (SEP)? ______________

Please return application to Mayra Morales or Juanita Tuan at Allan Hancock College, EOPS office,
Building A. (805) 922-6966 x3214
Personal Background

Monthly Family Income: ________________
Number of Household Members: _______

Birthplace: ________________
What year did you move to California? ________________

Are you the first in your family to attend college? ______

Signature: ___________________________ Date: _______________________

Personal Statement

On a separate piece of paper write or type a 1-2 page personal statement answering the following:

1. Who are you?
2. Why is college important to you?
3. What are your academic and career goals?
4. How would you benefit from this support?
5. Discuss any extra-curricular activities you have participated in.
6. Anything personal you would like to include about yourself.

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Letter of Recommendation
(Use this form, no attachments will be accepted, cannot be a family member)

Applicant’s Name (Last, First) ___________________________ Date ___________________________

1. How long have you known the applicant? ________ Years ________ Months.
   Under what circumstances? ____________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. Based on your knowledge of the applicant check how you rate the following:

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<th>Academic Potential</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Unable to Evaluate</th>
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<td>Communication Skills</td>
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<td>Self-Reliance &amp; Initiative</td>
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<td>Motivation to Succeed</td>
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<td>Academic Achievement</td>
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3. Are you aware of any obstacles or financial hardships the student has had to overcome?

Signature: ___________________________________________ Date: ___________________________

Print Name: ________________________________________ Title: ____________________________

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