

"I Have a Dream" Foundation- Oakland

Scholarship Request Form

(No scholarship monies will be awarded without a completed request form and copies of required documents on file.)

Dreamer: _____ Social Security #: _____ - _____ - _____

Home Address: _____ Home Phone: _____

Parent/Guardian: _____ Relationship: _____

High School: _____ Graduation Date: _____

Institution Name: _____ Type: 2yr 4yr Vocational Other

Please Specify: _____

Campus Residence: _____ Phone Number: _____

Status: Fr So Jr Sr

Are you attending: A new school Same school Term/yr: Winter 20__ Summer 20__

Fall 20__ Spring 20__

Information enclosed for semester: Winter 20__ Spring 20__ Summer 20__ Fall 20__

I am attaching the following information with my check request:

Billing Statement Receipts Transportation Voucher

Acceptance Letter Report Card Transcripts Financial Aid Award Letter

Program Use Only

Amount of Request \$: _____ **Approved** **Denied**

Check Payable to: _____ **Contact Person:** _____

_____ **Phone #:** _____ **Ext:** _____
(department)

Purpose:

(Sponsor Approval)

(College/Career Coordinator Approval)