

**2019-2020**

**GREATER BAKERSFIELD NEW CAR DEALERS ASSOCIATION  
INCOMING FRESHMEN COLLEGE SCHOLARSHIP APPLICATION**

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

**PHONE: (661) 395-4428  
FAX: (661) 395-4688**

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**SCHOLARSHIP DEADLINE: THURSDAY, MARCH 21, 2019**

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

- 1. COMPLETE THE ATTACHED SCHOLARSHIP APPLICATION (PAGE 1) AND THE SCHOLARSHIP FINANCIAL FORM (PAGE 2).**
- 2. PREPARE AND ATTACH 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. SIGN AND DATE YOUR STATEMENT**
- 3. ATTACH A COPY OF YOUR HIGH SCHOOL GRADE TRANSCRIPT (UNOFFICIAL IS ACCEPTABLE). GOOD GRADES ARE ESSENTIAL. TO A DONOR, GRADES ARE THE BEST EVIDENCE OF A STUDENT'S MOTIVATION AND POTENTIAL FOR SUCCESS.**
- 4. PROVIDE THREE RECOMMENDATIONS FROM HIGH SCHOOL INSTRUCTORS OR ADMINISTRATORS. FORMS FOR THESE RECOMMENDATIONS ARE ATTACHED. ASK YOUR INSTRUCTORS TO RETURN THESE DIRECTLY TO THE ADDRESS INDICATED ON THE FORM.**
- 4. SUBMIT ALL INFORMATION TO:**

**SCHOLARSHIP MANAGER  
BAKERSFIELD COLLEGE  
OFFICE OF FINANCIAL AID & SCHOLARSHIPS  
1801 PANORAMA DRIVE  
BAKERSFIELD, CA 93305**
- 5. STUDENTS APPLYING FOR SCHOLARSHIP CONSIDERATION MUST BE PLANNING TO BE ENROLLED AT BAKERSFIELD COLLEGE FOR THE 2019-2020 ACADEMIC YEAR.**

**SCHOLARSHIP NOTIFICATION: SCHOLARSHIPS ARE COMPETITIVE BY NATURE. EVERYONE WHO FILES AN APPLICATION WILL NOT RECEIVE A SCHOLARSHIP. SCHOLARSHIP AWARDS ARE ANNOUNCED BEGINNING IN APRIL AND THROUGHOUT THE MONTH OF MAY. STUDENTS SELECTED TO RECEIVE A SCHOLARSHIP WILL BE NOTIFIED BY EMAIL 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 2019-2020 ACADEMIC YEAR. IT IS RECOMMENDED THAT RECIPIENTS SEND A NOTE OF APPRECIATION TO DONORS LISTED ON THE AWARD LETTER. IF YOU HAVE NOT RECEIVED AN AWARD EMAIL OR LETTER BY JUNE 2019 YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.**

# 2019-2020

## GREATER BAKERSFIELD NEW CAR DEALERS ASSOCIATION INCOMING FRESHMEN COLLEGE SCHOLARSHIP APPLICATION

### PERSONAL DATA (Please Print or Type)

LAST NAME	FIRST NAME	MI	BC STUDENT ID #	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
BIRTHDATE: ____ / ____ / ____	AGE: ____	MALE ____	FEMALE ____	
HIGH SCHOOL: _____	EXPECTED GRADUATION DATE: _____			
MAJOR AT BAKERSFIELD COLLEGE: _____	CAREER GOAL: _____			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC. WORK EXPERIENCE MAY BE INCLUDED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO NAME OF EMPLOYER: \_\_\_\_\_

ARE EITHER OF YOUR PARENTS A FULL-TIME EMPLOYEE FOR A DEALERSHIP THAT IS A MEMBER OF THE GREATER BAKERSFIELD NEW CAR DEALERS ASSOCIATION?  YES  NO

IF YES, LIST NAME OF PARENT: \_\_\_\_\_

DEALERSHIP: \_\_\_\_\_

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

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

**BAKERSFIELD COLLEGE SCHOLARSHIP APPLICATION PAGE 2**

**PARENT INFORMATION:**

PARENT 1: \_\_\_\_\_ PARENT 2: \_\_\_\_\_

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

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

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

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

WILL YOU BE CLAIMED AS A DEPENDENT FOR 2019?  YES  NO

DO YOU LIVE WITH ONE OR BOTH OF YOUR PARENTS?  YES  NO

IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE PARENTS' INCOME INFORMATION BELOW:

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

PARENTS' 2017 ADJUSTED GROSS INCOME: \$ \_\_\_\_\_

PARENTS' NON-TAXABLE INCOME FOR 2017: \$ \_\_\_\_\_

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

STUDENT'S (YOUR) INCOME EARNED FOR 2017: \$ \_\_\_\_\_

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 2019-2020: \_\_\_\_\_

WHERE DO YOU PLAN TO LIVE DURING THE 2019-2020 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

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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





