



**Human Options**  
PO Box 53745  
Irvine, CA 92619  
Phone: 949-722-8744  
Fax: 949-722-0968

# **The Gardner Scholarship**

*Training and Educational Assistance for Graduates of Human Options*

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**The Gardner Scholarship** has been developed to make education more available to graduates of Human Options' residential programs. Support is available for full or part time students attending a vocational program, community college, four year university, or graduate school.

An individual who meets the following requirements is eligible to apply:

- Has graduated from Human Options Emergency Shelter or Human Options Second Step
- Is officially accepted into an accredited course of study at a vocational, community college, four year university, or graduate degree program
- Demonstrates a critical financial need for assistance
- Demonstrates the desire and ability to complete a training or academic program
- Has a clear plan to apply training/education to career advancement or new career field

**Please note that the maximum amount is \$2500.00 per year**

Application is to be typed or printed in black ink. Complete application thoroughly and include all requested information. **Note that incomplete applications will not be reviewed.**

**Application must be postmarked no later than:**

**July 27, 2009**  
**by 5:00 pm**

**Mail To:**  
**ATTN: Gardner Scholarship**  
**Human Options**  
**PO BOX # 53745**  
**Irvine, CA 92619-3745**

**Fax To:**  
**(949) 737-5244**  
**ATTN: Gardner Scholarship**

# **BACKGROUND INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ SS #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

List everyone living in your home in addition to yourself. Please include each person's name, relationship to you, and birth date.

<b>Name</b>	<b>Relationship</b>	<b>Birth Date</b>

# EMPLOYMENT

Are you currently working? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, where do you work?

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How long have you been employed with this company? \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Your Salary: Gross: \_\_\_\_\_ Weekly/Biweekly/Annual (Circle One)

Net: \_\_\_\_\_ Weekly/Biweekly/Annual (Circle One)

**\*\*Please attach copies of your 3 most recent paycheck stubs for verification of employment\*\***

List your experience(s) in volunteering and community service:

Name of Organization	Date(s) Volunteered	Position/Responsibility

# EDUCATION

What educational programs have you participated in to date?

Name of School	Dates Attended	Major/Course	Degree Earned	Graduation Date
<b>High School / GED</b> (circle one)				
<b>College</b>				
<b>College</b>				
<b>Vocational Training</b>				
<b>Vocational Training</b>				

What school or training program are you currently enrolled in?

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Is this the school to which you would like to apply **The Gardner Scholarship** funds? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***EDUCATION (continued)***

List coursework you are currently taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

What is your cumulative GPA? \_\_\_\_\_

Please outline your short term educational goals: \_\_\_\_\_

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What is your timeline to accomplish these goals? \_\_\_\_\_

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Please outline your long term educational goals: \_\_\_\_\_

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## ***EDUCATION (continued)***

What is your timeline to accomplish these goals? \_\_\_\_\_

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Date on which classes begin: \_\_\_\_\_

Date on which the school requires payment: \_\_\_\_\_

**\*\*Please provide proof of enrollment from the office of Admissions and Records \*\***

What form of transportation do you use to travel to and from school? \_\_\_\_\_

# **ECONOMIC PLAN**

Please fill out the following income worksheets for yourself (the student/applicant) only.

Student/Applicant:

<b>Income</b>	<b>Current Monthly Amount</b>
<b>Work</b> (attach 3 pay stubs)	
<b>Unemployment</b> (attach statement of benefits)	
<b>Child Support</b> (attach quarterly statement or a copy of 2 most recent payments)	
<b>Alimony</b>	
<b>Social Security/SSI</b> (attach statement)	
<b>Food Stamps/WIC</b>	
<b>TANF/CALWORKS</b> (attach notice of action outlining current benefits)	
<b>Childcare Subsidy</b>	
<b>Other Public Assistance</b> (attach proof)	
<b>Money from Family or Friends</b>	
<b>TOTAL INCOME:</b>	

# ECONOMIC PLAN (Continued)

Please fill out the following income worksheets for all adult(s) that are 18 years or older, and are income earners living in the household.

Household Member #2

Name: \_\_\_\_\_

Income	Current Monthly Amount
<b>Work</b> (attach 3 pay stubs)	
<b>Unemployment</b> (attach statement of benefits)	
<b>Child Support</b> (attach quarterly statement or a copy of 2 most recent payments)	
<b>Alimony</b>	
<b>Social Security/SSI</b> (attach statement)	
<b>Food Stamps/WIC</b>	
<b>TANF/CALWORKS</b> (attach notice of action outlining current benefits)	
<b>Childcare Subsidy</b>	
<b>Other Public Assistance</b> (attach proof)	
<b>Money from Family or Friends</b>	
<b>TOTAL INCOME:</b>	

# ECONOMIC PLAN (Continued)

Household Member #3

Name: \_\_\_\_\_

Income	Current Monthly Amount
<b>Work</b> (attach 3 pay stubs)	
<b>Unemployment</b> (attach statement of benefits)	
<b>Child Support</b> (attach quarterly statement or a copy of 2 most recent payments)	
<b>Alimony</b>	
<b>Social Security/SSI</b> (attach statement)	
<b>Food Stamps/WIC</b>	
<b>TANF/CALWORKS</b> (attach notice of action outlining current benefits)	
<b>Childcare Subsidy</b>	
<b>Other Public Assistance</b> (attach proof)	
<b>Money from Family or Friends</b>	
<b>TOTAL INCOME:</b>	

# ECONOMIC PLAN (Continued)

Household Member #4

Name: \_\_\_\_\_

Income	Current Monthly Amount
<b>Work</b> (attach 3 pay stubs)	
<b>Unemployment</b> (attach statement of benefits)	
<b>Child Support</b> (attach quarterly statement or a copy of 2 most recent payments)	
<b>Alimony</b>	
<b>Social Security/SSI</b> (attach statement)	
<b>Food Stamps/WIC</b>	
<b>TANF/CALWORKS</b> (attach notice of action outlining current benefits)	
<b>Childcare Subsidy</b>	
<b>Other Public Assistance</b> (attach proof)	
<b>Money from Family or Friends</b>	
<b>TOTAL INCOME:</b>	

## ***ECONOMIC PLAN (continued)***

**\*\*Please provide verification of your income and reported household members' income as requested on previous income worksheets\*\***

**\*\*Please attach a copy of the coversheet for your (student/applicant) 2006 Tax Return. If a parent claims you as a dependent, please attach a copy of that parent's 2006 Tax Return\*\***

Please fill out the following expense worksheet for yourself (the student/applicant) only.

<b>Expenses: Home &amp; School</b>	<b>Current Monthly Amount</b>
<b>Tuition</b>	
<b>Fees</b>	
<b>Books</b>	
<b>Housing: Total Cost</b>	
<b>Housing: What you pay</b>	
<b>Utilities</b>	
<b>Food/Household Supplies</b>	
<b>Health Insurance</b>	
<b>Transportation</b>	
<b>Childcare: Total Cost</b>	
<b>Childcare: What you pay</b>	
<b>Legal</b>	
<b>Cell Phone</b>	
<b>Dining Out</b>	
<b>Credit Card/Loan Payments</b>	
<b>Credit Card/Loan Payments</b>	
<b>Credit Card/Loan Payments</b>	
<b>Other (describe)</b>	
<b>Other (describe)</b>	
<b>TOTAL EXPENSES:</b>	

## ***ECONOMIC PLAN (continued)***

If you are chosen for ***The Gardner Scholarship***, how will this money make a difference in your financial situation? \_\_\_\_\_

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**Total amount of financial assistance you are requesting for the upcoming semester:**

\$
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**Please note that the maximum amount is \$2500.00 per year**

# GRANT INFORMATION

Please fill out the grant worksheet for all financial aid that you have applied for, currently have, or have had in the past.

Type Of Grant	Name Of Grant	Amount Applied For	Amount Awarded For Current Academic Year	Amount Received For Previous Academic Year
Academic Grant				
Academic Grant				
Academic Scholarship				
Academic Scholarship				
Student Loan				
Student Loan				
Student Loan				
Other				
<b>TOTAL:</b>				

**\*\*Please provide verification of grants received in the form of statements from funding agency\*\***

## ***PERSONAL STATEMENT***

Please attach a typed, 1-2 page (single spaced) personal statement addressing the following subjects:

1. Describe your connection to Human Options and the impact of domestic violence on your family.
2. What qualities make you a good student?
3. What challenges do you expect to encounter as a student, and what are your plans to handle these challenges?
4. How does your educational program relate to your career goals?

# **AUTHORIZATION TO RELEASE INFORMATION**



## **The Gardner Scholarship**

*Training and Educational Assistance for Graduates of Human Options*

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*I hereby give permission to the following persons to supply information requested by a representative of **The Gardner Scholarship**:*

\_\_\_\_\_ Any representative of the educational institution in which I am enrolled.  
Initial Here

\_\_\_\_\_ HR director or supervisor at my current place of employment.  
Initial Here

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student/Applicant

\_\_\_\_\_  
Date

# SIGNATURE PAGE



## The Gardner Scholarship

*Training and Educational Assistance for Graduates of Human Options*

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*I hereby submit this application for **The Gardner Scholarship**, and certify that the information contained in this application is true and correct.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student/Applicant

\_\_\_\_\_  
Date

# CHECKLIST

**The following items must be provided in order for your application to be considered complete.**

- 3 most recent paycheck stubs (to verify employment if you are currently working)
  
- Proof of enrollment from the office of Admission and Records at your school
  
- All verification applicable to income worksheets for student/applicant and other wage earners in the household
  
- Copy of coversheet for 2006 Tax Return / Copy of coversheet of parent's 2006 Tax Return if student/applicant is claimed as a dependent
  
- Verification of grants received
  
- Personal Statement
  
- Authorization To Release Information – page # 15 signed and dated
  
- Signature Page - page # 16 signed and dated
  
- APPLICATION POSTMARKED NO LATER THAN:

**July 27, 2009**

Sent To:  
ATTN: Gardner Scholarship  
Human Options  
PO BOX # 53745  
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