

**HUMAN OPTIONS
GOOD FRIENDS SCHOLARSHIP APPLICATION**

The Good Friends Scholarship program has been developed to **assist current residents and graduates of Human Options residential programs (Shelter, Second Step, and Third Step)** in their pursuit of higher education (A.A, B.A., professional and paraprofessional programs such as dental assistant or nursing). Any resident or graduate (both mothers and their adult children) who are in need of financial support in her or his pursuit of education is eligible to apply. Grant awards are based on need.

All applicants must meet the following criteria:

- A. Current resident or graduate of Human Options program (includes adult children of current resident or graduates)
- B. Demonstrate characteristics that show motivation to improve skills.
- C. Demonstrate financial need.

INSTRUCTIONS: Please provide all required information and fill- out the application thoroughly. **Incomplete applications will not be considered.**

Return completed application to:

**Attn: Good Friends Scholarships
Human Options
P.O. Box 53745
Irvine, CA 92619**

or

**fax to: 949- 737-5244
Attn: Good Friends Scholarships**

In order to be considered for the Fall 2009 award
application must be received by:

July 20, 2009 by 5:00 pm

Applications received after the due date will not be considered.

What is your reason for entering school or a training program at this time? _____

What has prevented you from entering school or a training program in the past? _____

Past Educational Experience:
List your educational experience (high school, college, trade school, vocational training, etc.)

Name of School	Dates Enrolled	Degree/Certificate	Date Completed

E. PERSONAL STATEMENT

Please provide a one page typed narrative telling us why you believe yourself to be a suitable candidate for the Good Friends Scholarship. Please be sure to include information about your background and time frame of when you were at Human Options. Additionally, tell us how this scholarship will help you achieve your goals.

Attach your narrative to the application.

I certify that the information in this application is true to the best of my knowledge.

Applicant's Signature

Date

* Note: Any application not filled out in its entirety will not be accepted for consideration.