



COLLEGE/GRAD STUDENT  
SCHOLARSHIP-STUDENT PROFILE INFORMATION

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
First M.I. Last Suffix

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
YYYY/MM/DD

ADDRESS: \_\_\_\_\_  
City State Zip County

CONTACT INFORMATION: ( ) ( ) ( )  
Home# Cell# Work#

E-MAIL ADDRESS: \_\_\_\_\_

MARRIED: YES or NO If married, does your spouse work? YES or NO

FAMILY SIZE: \_\_\_\_\_ INCOME: \_\_\_\_\_  
Number of Members Yearly Household Income

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**STUDENT EDUCATION HISTORY**

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NAME OF HIGH SCHOOL ATTENDED: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

COLLEGE INFORMATION: \_\_\_\_\_  
Name of School

YEAR: Freshman/Sophomore/Junior/Senior G.P.A. \_\_\_\_\_ ACT/SAT SCORE: \_\_\_\_\_  
(If applicable)

NAME OF COLLEGE TO BE ATTENDED: \_\_\_\_\_

FINANCIAL AID OFFICE ADDRESS: \_\_\_\_\_

FINANCIAL AID OFFICE PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

WILL YOU BE A FULLTIME OR PARTTIME STUDENT: FULLTIME PARTTIME

AREA OF STUDY: \_\_\_\_\_ DEAN'S LIST: YES or NO

EXTRA CURRICULAR ACTIVITIES: YES or NO EXPECTED GRADUATION DATE: \_\_\_\_\_  
(Year)

\_\_\_\_\_  
Fund Owner Printed Name/Date

\_\_\_\_\_  
Fund Owner Signature

RETURN TO: Solano Community Foundation  
1261 Travis Boulevard  
Suite 320  
Fairfield, CA 94533