



HIGH SCHOOL
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

STUDENT EDUCATION HISTORY

HIGH SCHOOL 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: _____

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