

PETERSON SCHOLARSHIP APPLICATION 2018

****Application MUST be received by 4:30 p.m., Friday, April 13, 2018****

NAME (please print) _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER (____) _____ E-MAIL _____

DATE OF BIRTH _____ CITIZENSHIP _____

NAME OF PARENTS, THEIR ADDRESS, OCCUPATION(S), EMPLOYER(S)

NAME OF COLLEGE YOU ATTEND OR PLAN TO ATTEND _____
MOST RECENT GRADE POINT AVERAGE _____

DESCRIBE YOUR EDUCATIONAL GOALS _____

WHAT IS YOUR PAST WORK EXPERIENCE? _____


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Funds of the Peterson Scholarship Fund are to be used for the educational purposes of worthy, talented, industrious men and women who are planning a career or are presently working in a child development program, the field of developmental disabilities, or related fields. Scholarships are available for students who are residents of San Diego and/or Imperial counties. In order to be eligible for scholarships, applicants must demonstrate a financial need.

**In addition to the completed application, please submit the following required information:**

- 1) **A one-page letter describing how you plan to make a difference and indicating why you believe you qualify for this scholarship;**
- 2) **Two letters of professional recommendation; and**
- 3) **A college transcript (does not need to be a certified copy).**

**All finalists will be interviewed.**

**Deadline: Application must be received by the Foundation for Developmental Disabilities at the address below by 4:30 p.m. on Friday, April 13, 2018. Faxed copies will NOT be accepted.**

**SUBMIT TO: FOUNDATION FOR DEVELOPMENTAL DISABILITIES  
Attn: Thelma McVicker  
4355 Ruffin Road, Suite 116  
San Diego, CA 92123  
(858) 256.2222**

**FINANCIAL STATEMENT OF APPLICANT**

**YEARLY INCOME**

Employer Name \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Family Assistance \$ \_\_\_\_\_

Other Income (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

**ASSETS**

Cash \$ \_\_\_\_\_  
Savings \$ \_\_\_\_\_  
Checking (Average Balance) \$ \_\_\_\_\_  
Auto \_\_\_\_\_ \$ \_\_\_\_\_

Year/Make  
Other Assets (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**SUMMER EMPLOYMENT PLANS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate the amount of financial assistance you are requesting:** \$ \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**YEARLY EXPENSES**

Tuition \$ \_\_\_\_\_  
Rent \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Living Expenses \$ \_\_\_\_\_  
Installment Pmts \$ \_\_\_\_\_

Other Expenses (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant