

**IMPORTANT NOTE:** If you applied online, you do not need to complete a paper application. If you prefer to apply online, please visit: [napavalleycf.org/apply](http://napavalleycf.org/apply). Please only apply once to be considered for this scholarship.

## ABOUT YOU:

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (primary): \_\_\_\_\_

Email (secondary): \_\_\_\_\_

**1. What is the best way to reach you about your application or your scholarship award? (Email, Text, Call, etc.)**

Email

Phone Call

Text

Other \_\_\_\_\_

**2. Are you a graduating high school senior, GED recipient, or current college student?**

Graduating high school

Current college student

GED recipient

**3. What is the name of the college you will be attending in the fall?**

Name of college: \_\_\_\_\_

**4. What certificate or associates degree program are you enrolled in or planning to enroll in?**

Certificate/Program: \_\_\_\_\_

**5. What year or when do you expect to graduate with your certificate or degree?**

Graduation year: \_\_\_\_\_

6. Are you currently working?

- Yes  No

If yes, how many hours a week? \_\_\_\_\_

7. Do you plan to continue working during the fall?

- Yes  No

8. During the 2025 fall semester, do you plan to attend classes Part-Time or Full-Time?

- Part-Time  Full-Time

9. Do you have any work or personal history in this field or similar fields?

- Yes  No

If yes, please explain:

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10. What are your career plans or goals after you graduate with this certificate or degree? What motivates you to continue your education? How do you plan to meet these goals? (250 words max)

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**11. How would receiving this scholarship help you meet your academic goals? (250 words max)**

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**12. If you're currently in school/college, please attach a copy of your current unofficial transcript.**

**13. Email a copy of your FAFSA Student Aid Report (SAR) or California Dream Act Student Aid Report (Cal SAR) showing your Student Aid Index (SAI) to [scholarships@napavalleycf.org](mailto:scholarships@napavalleycf.org), if applicable.**

**14. Do you think we know enough about you? If you want to share something about yourself or your circumstances to the review committee, please tell us.**

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**By signing this form, I certify all information on my scholarship application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In order for your application to be considered by the review committee, you must email your application to [scholarships@napavalleycf.org](mailto:scholarships@napavalleycf.org) OR drop it off at 3299 Claremont Way Suite 4, Napa, CA 94558 by or before the application deadline of **Monday, March 3, 2024**.