

**HAYWARD COMMUNITY SCHOOLS EDUCATION FOUNDATION  
SCHOLARSHIP APPLICATION – POST-GRADUATE**

**Return to HHS Guidance Office by April 1st  
Please attach your most recent college transcript**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Parents Names \_\_\_\_\_

Parents Numbers \_\_\_\_\_

Graduation Date from Hayward High School \_\_\_\_\_

College GPA last semester \_\_\_\_\_

Cumulative College GPA \_\_\_\_\_

Name of school you are attending \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Year you expect to complete vocational or college training \_\_\_\_\_

Year in School: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Colleges or other schools attended since high school:

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

Reasons for selecting present school

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

Financial Information

Average Annual Educational Expenses

Tuition & Fees \$ \_\_\_\_\_  
Room & Board \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Travel \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Annual Financial Resources Expected

Parent Contribution \$ \_\_\_\_\_  
Student Contribution \$ \_\_\_\_\_  
Scholarships \$ \_\_\_\_\_  
Grants \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

List scholarships received since high school graduation, including Hayward Education Foundation:

| Name  | Amount | Date |
|-------|--------|------|
| _____ |        |      |
| _____ |        |      |
| _____ |        |      |

List other aid received since high school, including grants, loans, work-study, etc.

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

List Employment History (include past three years)

| Employer | Dates of Employment |
|----------|---------------------|
| _____    |                     |
| _____    |                     |
| _____    |                     |

Please give any extenuating circumstances impacting your financial need that the committee should consider. (For example: large debts, grandparents supported by family, serious illness, death in the family, etc.)

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

I declare that the information reported on this statement is, to the best of my knowledge and belief, true and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_