



High School Scholarship Application



This program is a means of help for diligent high school students who are willing to invest some time to learn our Alive2Thrive social/emotional learning program (18 once-weekly sessions covering 36 short video-based lessons), and in return receive a \$2000 scholarship upon proof of graduation from the Santoro Foundation after an interview to determine their understanding and ability to apply the program's lessons. These scholarship funds may be paid to ANY post-secondary school, i.e. state college, university, trade or technical school.

Return completed application by email to: Mary@SantoroFoundation.org.

APPLICATION: IN ORDER TO BE CONSIDERED FOR OUR PROGRAM YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION. DO NOT MAIL OR DELIVER YOUR APPLICATION UNTIL ALL PARTS ARE COMPLETED. Please check off each section below as each part is completed.

REQUIRED INFORMATION:

- Part 1 - Applicant Information
- Part 2 - Family Information
- Part 3 - School/Academic Information
- Part 4 - Student and Parent Agreement Form

You will be contacted once the review is complete.

PART 1 - Applicant (Student) Information

Applicant's (student) full name: _____

Date of Birth: _____
Month Day Year

ADDRESS (applicant's primary home address)

Street: _____ City: _____

State: _____ Zip: _____

Cell phone: _____ Email address: _____

Has the Applicant (student) been awarded with any other scholarships? Yes No. If yes, list:

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PART 2 – FAMILY INFORMATION

Parent/Guardian 1 Information

First Name: _____ Last Name: _____

Address: _____

Relationship to Applicant: _____

Legal Custodian: Yes No Preferred email: _____

Cell phone number: _____

Preferred contact (check one): ___ Phone ___ Text ___ Email

Occupation: _____ Job Title: _____

Employer: _____ Length of Time with Employer: _____

Employer Address: _____

Is this parent/guardian contributing financially to the Applicant's upbringing? ___ Yes ___ No

Parent/Guardian 2 Information

First Name: _____ Last Name: _____

Address: _____

Relationship to Applicant: _____

Legal Custodian: Yes No Preferred email: _____

Cell phone number: _____

Preferred contact (check one): ___ Phone ___ Text ___ Email

Occupation: _____ Job Title: _____

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Employer: _____ Length of Time with Employer: _____

Employer Address: _____

Is this parent/guardian contributing financially to the Applicant's upbringing? Yes No

IS THERE ANOTHER PARENT or GUARDIAN LIVING IN ANOTHER LOCATION?

Yes No If yes, complete below:

Relationship to Applicant: _____

Legal Custodian: Yes No

First Name: _____ Last Name: _____

Address: _____

Is this parent/guardian contributing financially to the Applicant's upbringing? Yes No

Part 3 - School and Other Academic Information

What high school do you attend? _____

What is your anticipated graduation year? _____

What is your current GPA? _____

Please list the classes are you taking this year and the grade for each as of the most recent grading period:

<i>Class</i>	<i>Grade</i>

Do you have a career goal in mind? If so, please list here: _____

Have you chosen a college, university, trade or technical school to attend after high school?

Yes No If yes, please list here: _____

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Have you already applied to your chosen school? ___ Yes ___ No

If you've already applied, have you been accepted yet by your chosen school? ___ Yes ___ No

**HOW DID YOU LEARN ABOUT THE SELF HIGH SCHOOL SCHOLARSHIP?
(PLEASE CHECK ALL THAT APPLY)**

- School/guidance counselor Social Media
- Friend Flyer
- Another *SELF* Scholarship participant
- Other _____

PART 4 - Student and Parent/Guardian Agreement Form

1. Following the satisfactory completion of the Alive 2 Thrive social/emotional learning curriculum with the assistance of a teacher/mentor whom we will assign, the *SELF Hand-Up Scholarship* will provide a scholarship in the amount of \$2000 upon proof of graduation. Said scholarship award funds will be paid to the student's choice of school after graduation.
2. Satisfactory completion will be determined by: 1) verification from the teacher/mentor that all lessons were attended and completed; and 2) a short interview (virtual or in-person) by representatives of this Foundation to assess the student's understanding and ability to apply the material learned.

Please acknowledge your understanding of the SELF High School Scholarship program terms by signing this page.

Our signatures below indicate that we understand the terms of agreement of the SELF High School Scholarship Program. We understand and agree that failure by the applicant student to complete all Alive 2 Thrive lessons to the satisfaction of the assigned teacher/mentor, or failure to participate in the required follow-up interview after completion of the program with representatives of the foundation, will result in no scholarship award.

We further attest that all of the forgoing information is complete and accurate to the best of our knowledge. We also understand that the SELF Scholarship opportunity will be withdrawn if misrepresentations are discovered on the application, and/or if the above terms are not met.

Parent or Guardian Signature

Date

Student Signature

Date