



# Hope Scholars Program

## Application

### Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Demographics

Ethnicity:  Hispanic or Latino  White  Black or African American  
 Native American or Alaskan  Asian  Native Hawaiian or Pacific Islander  
 Other: \_\_\_\_\_  Decline to State

\*Specify Your Ethnicity (Optional): \_\_\_\_\_

Legal Status:  Current or Former Foster Youth  Current or Former Ward or Dependent of the Court  
 Currently or Formerly Under Legal Guardianship  Unaccompanied Homeless Youth  
 Other: \_\_\_\_\_

Current Residence:  Foster Home  Group Home  Relative  Residential Family  
 Homeless Shelter  Transitional Living Program  Apartment/House  
 Other: \_\_\_\_\_

Are you currently reunified (living with *or* dependent on your biological parent(s)):  Yes  No

Are you currently adopted:  Yes  No

### Education

High School: \_\_\_\_\_ Month/Year of Graduation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

College of Transfer: \_\_\_\_\_ Month/Year of Transfer/Graduation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Transfer Units: \_\_\_\_\_ GPA: \_\_\_\_\_

UCSD GPA: \_\_\_\_\_ UCSD Units Completed (If Any): \_\_\_\_\_

UCSD Expected Graduation Date: \_\_\_\_\_ Major(s)/Minor: \_\_\_\_\_

Where do you plan to live while attending UCSD:  On-Campus Housing  Off-Campus Housing  
 Guardian/Relative  Other: \_\_\_\_\_

**Work Experience**

Are you currently employed? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Supporting Documents**

Please attach a copy of at least one of the following documents to ensure that your application is complete.

I will attach the following document(s): *Check all that apply*

- Dependency/Wardship Card
- Dependency/ Wardship Letter
- Guardianship paperwork documenting that you were appointed a legal guardian through a juvenile court proceeding
- Statement from you that describes your situation and documentation from one of the official agencies that are listed below listing your status as an unaccompanied homeless youth
  - A Mckinney-Vento Act school district liaison
  - A Director of an emergency shelter program
  - A director of a run away or homeless youth basic center
  - A Director of a transitional living program
- Other: \_\_\_\_\_

**Personal Statement**

Please respond to the following questions (Maximum of 750 total)

**Question #1:** Please discuss a difficult, challenging situation (e.g., family, academic, social, personal, financial, etc.) you faced, how it affected you, and how you responded to the situation

**Question #2:** Tell us about a goal you did not meet. What happened, and what did you learn?

**Please attach your answers.**

## Commitment

The Hope Scholars Program requires students to make a commitment to the following program responsibilities every fall, winter, and spring quarter:

- Enroll and complete a minimum of 12 units (full-time) fall, winter, and spring quarters
- Meet with **mentor** 3 times per quarter
- Complete 1 **advising appointment** per quarter with Hope Scholars Staff
- Maintain a **cumulative GPA** of 2.0 or higher
- Participate in **2 events/quarter** hosted by Hope Scholars, OASIS, UCSD and/or community partners
- Participate in a **one-week residential summer experience (SE)** program at UCSD **August 11<sup>th</sup>-18<sup>th</sup>**

\*If you have any questions, please contact Javier Arredondo at jaarredondo@ucsd.edu

## Program File Logistics

By **initialing** below, I agree to the following statements:

\_\_\_\_\_ I am responsible for filling out all pertinent paperwork, evaluations, follow-up surveys, and will notify the Hope Scholars Professional staff of any changes to my telephone, e-mail or current/permanent address.

\_\_\_\_\_ I hereby authorize the UC San Diego Hope Scholars Staff to obtain academic, financial aid and other information pertinent to my participation in Hope Scholars. I understand that a copy of my application form will be kept on file at Hope Scholars and that the resulting information received from counselors, admission and financial aid officers, instructors, etc. will be kept confidential in compliance with the Family Rights and Privacy Act (FERPA).

## Photo and Information Release

By **initialing** below I give permission to the University of California, San Diego (UCSD) and the OASIS and Hope Scholars Program to photograph me. UCSD and OASIS may use the photographs as deemed appropriate to promote the aforementioned programs and related objectives, including but not limited to using such material on UCSD websites. I understand that I will not be compensated for this use.

I agree that my information can be used for publicity purposes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
I agree that photos/videos of me can be used for publicity purposes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

*I certify that my answers are true and complete to the best of my knowledge. By signing below, I commit to the conditions stated in the application until I graduate from UC San Diego and that failure to comply with the above responsibilities may result in loss of program support and services which include, but not limited to, priority registration and priority enrollment in OASIS workshops and tutoring.*

Applicant Name: \_\_\_\_\_

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

**[\\*Please submit this application to Javier Arredondo jaarredondo@ucsd.edu\\*](mailto:jaarredondo@ucsd.edu)**