



## Catholic Charities San Bernardino & Riverside Counties

### Scholarship Requirements:

1. Must be enrolled as a Palo Verde College student.
2. Student must have completed 12 units or more at Palo Verde College.
3. Minimum 2.5 GPA.
4. Student must demonstrate financial need (confirmed by the Palo Verde College Financial Aid Office).
5. Must be enrolled in a field related to a "helping" position.
6. Enrolled in 12 units or more.

**Amount of Award:** One (1) \$500 scholarship, with the intention of renewing it annually.

### Additionally, the recipient of the scholarship must:

1. Provide a thank you note addressed to the Board of Directors at Catholic Charities
2. Provide a Statement of Need (if a statement is provided on the scholarship application, we can utilize that. Otherwise, we need 1-2 paragraphs explaining why you need the scholarship and what your goals are).
3. Provide a photograph with a signed release slip provided. This will be used in our annual fundraising Gala's program.



**A. Personal Information**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State ZIP Code

Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

**B. Scholastic Information**

College Name: \_\_\_\_\_

College: # units completed \_\_\_\_\_ GPA: \_\_\_\_\_

DEGREE \_\_\_\_\_

School Activities: \_\_\_\_\_

Community Activities: \_\_\_\_\_

**C. Financial Information**

Currently employed at: \_\_\_\_\_

Total Monthly Income (include income from all household members): \_\_\_\_\_

Source of Income: \_\_\_\_\_ Family size: \_\_\_\_\_

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

\_\_\_\_\_  
Date



Providing Help • Creating Hope

1450 N. D Street  
San Bernardino, CA 92405

**Release for Use of Photograph(s) or Video(s).  
Print or Electronic Media**

I hereby give Catholic Charities San Bernardino & Riverside Counties, my free consent to use the photograph(s) or video(s) described below for publicity or educational purposes (including, but not limited to Social Media). I also waive all claims for any compensation for use or for damages.

\_\_\_\_\_  
Name (Please Print)

Date of Photo: \_\_\_\_\_

Photographer: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

- If under 18 years of age -

Consent from Parent or Guardian \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

Additional Comments:

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

\*Photographer only - Image File Name/Number: \_\_\_\_\_

Please E-mail a copy to Administration at [communications@ccsbriv.org](mailto:communications@ccsbriv.org) or  
fax a copy to (909) 384-1130.