



Osher Initiative for California Community College Students Scholarship Application

Thanks to the generosity of The Bernard Osher Foundation, thousands of California Community College students, like you, may receive an Osher Scholarship as part of the California Community Colleges Scholarship Endowment. Mr. Osher's vision is to "not only benefit the community college students of today but countless more for years to come."

Criteria

- Student attending a California Community College must have completed 24 or more "degree applicable" semester units (or the equivalent) at the time of the initial scholarship disbursement.
- Student must be enrolled at least half-time (6 or more units) at a California Community College during all terms in which the award remains active.
- Student must have received a CCC Board of Governor's Fee Waiver.
- Awards may be adjusted based on enrolled status and determined as follows:
 - Full-time (12 or more units per term) = up to \$500/semester
 - Three-quarter-time (9 - 11.99 units per term) = up to \$375/semester
 - Half-time (6 - 8.99 units per term) = up to \$250/semester

Amount of award: Annual awards up to \$1,000 each and may be pro-rated based on enrollment

Return completed application to:
Veronica Barcenas/Financial Aid Dept.
One College Drive Blythe, CA 92225
Application Deadline: March 14, 2014



CALIFORNIA
COMMUNITY COLLEGES
SCHOLARSHIP
ENDOWMENT
A PART OF THE OSHER INITIATIVE FOR
CALIFORNIA COMMUNITY COLLEGE STUDENTS



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Palo Verde College Students

Name: _____

Student ID Number: _____

Address: _____

Day and Evening Phone: _____

Certificate Program, AA Degree/Major; or Transfer: _____

Occupational or Educational Objective: _____

Total Number of Degree-Applicable Units Completed: _____

1. Please write a statement detailing your educational and career goals including any special circumstances.

6. To assist in determining your financial need, please complete the following need analysis (*unless this information is already on file with the college's financial aid office*). Provide estimated figures for the [insert program year] academic year (9 months):

Source of Income	Amount \$\$	Expenses	Amount \$\$
Work		Fees	
Support from parents/others		Books	
Grants		Supplies	
Loans		Equipment	
Scholarships		Transportation	
TANF		Rent	
Other Assistance		Food	
Other (Specify)		Other (Specify)	
Total Income		Total Expenses	

Number of dependent children: _____

Ages of dependents: _____

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

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