



Providing Help • Creating Hope



PALO VERDE COLLEGE

WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS

Section I. CONTACT INFORMATION.....

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Telephone Number: _____

Palo Verde College Student ID #: _____

Scholarship Requirements:

1. **Must be a returning Palo Verde College student who will attend Palo Verde College for the 2016-2017 academic year.**
2. Student must be enrolled in at least 12 units for the awarding semester.
3. Student must have a cumulative GPA of 2.5 or higher
4. Student must be majoring in a "helping profession" such as social work, counseling, nursing, education, or non-profit management.
5. Recipient must submit a Thank you letter addressed to the Board of Director of Catholic Charities that includes the following:
 - Thank you to the Board of Directors for the scholarship
 - Explanation of need for the scholarship
 - Description of what student hopes to accomplish through his/her education
6. **Recipient must provide a photograph** and sign and return the enclosed release document giving Catholic Charities permission to utilize his/her photo for publicity and/ or educational purposes.

Awards: One (1) \$500 Scholarship. \$250 dispersed in Fall 2016 and \$250 dispersed in Spring 2017 . A check will be paid directly to student via Administrative Services minus registration fees if applicable.

Section II. CATHOLIC CHARITIES PERSONAL ESSAY



Providing Help • Creating Hope

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 and for damages.

Name (Please Print): _____

Date of Photo _____

Photographer _____

Location: _____

Description: _____

If under 18 years of age:

Consent from Parent or Guardian

Name: _____ Signature: _____

Additional Comments: _____

*Photographer only: Image File Name/Number: _____

Please email a copy to Administration at communications@ccsbriv.org
or fax a copy to 909-384-1130

Catholic Charities San Bernardino & Riverside Counties

www.ccsbriv.org

www.facebook.com/ccsbriv

www.twitter.com/ccsbriv