

**TWENTY SEVENTH ANNUAL
HOWARD T. COLLINS MEMORIAL SCHOLARSHIP
INSTRUCTIONS**

PROGRAM DESCRIPTION & CRITERIA

The Twenty Seventh Annual Howard T. Collins Memorial Scholarship program will award scholarships to individuals who are current residents of a property managed by Eden Housing Management, Inc. **and** who are enrolled in a course of study, are pursuing their educational/academic and/or career advancement/vocational goals.

APPLICANTS MUST:

- Currently live in a property managed by Eden Housing Management, Inc.
- Be at least seventeen (17) years old (or a high school senior and/or taking higher education courses).
- Be pursuing their educational/academic and/or career advancement/vocational goals.
- Completely fill out the application form. Forms may be typed (this is preferable) or legibly written in black or blue ink. **Incomplete or late applications will be automatically disqualified. Outdated information, including reference letters, will not be accepted. If you choose to handwrite your application, it must be clear and easy to read. If we can't read it, it will be disqualified. It's preferable to type your answers.**
- Provide two (2) **dated** letters of recommendation. (See Letter of Recommendation Guidelines)
- Provide most recent transcript(s) of grades.

DEADLINE: All of the above items are due by **5:30pm Thursday May 23, 2019**, postmarked ok. We are unable to accept any late applications. (*Applicant is responsible for ensuring that the application is received and complete.*) Please call 510-247-8180 if you have any questions.

Please help us with our sustainability efforts by submitting your application electronically. If possible submit your electronic application as one PDF document. Submitting in multiple parts makes it more likely that not all parts will be received. Speak with your Community Manager or Services Coordinator if you need assistance. Applications will be accepted by mail, email or you can drop them off at our central office listed below.

Email: scholarship@edenhousing.org

Postmarked or in Person:

Attn: Howard T. Collins Memorial Scholarship Committee
Eden Housing
22645 Grand Street
Hayward, CA 94541

If you have questions please call the Scholarship hotline at 510-247-8180

SELECTION CRITERIA* (not listed in order of priority)

- Academic record
- Character and leadership qualities, e.g. work record, volunteer work
- References
- Educational/academic objectives and/or Career/vocational goals
- Challenges overcome/Accomplishments
- Application

Awardee Requirements: Should you be selected as a scholarship recipient and in order to receive your check you will be required to:

1. Provide proof of enrollment and/or registration in your proposed program.
2. Sign an Eden Housing, Inc. Resident Release Form
3. Attend the scholarship award celebration (currently scheduled for either July 16 or 17, 2019) and participate in an informal interview and/or photo shoot at the event.
4. Keep proof of how the money was spent. This is required if you apply again.

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LETTER OF RECOMMENDATION GUIDELINES

(To be discussed with those writing a letter on your behalf)

1. One letter must be from a school official, teacher or counselor, etc. The other letter may be a reference from an employer, friend, minister, or community leader. (Letters of reference from Eden staff or applicant's family members will **not** be accepted).
2. All letters must include **the Date**. **Also, be sure to include the applicant's name in the letter.** *Letters that do not contain these will not be considered.*
3. Please describe your relationship with the applicant.
2. Please discuss the applicant's ability to succeed in pursuing his/her educational objectives and/or career development goals.
3. Please discuss applicant's ability to deal with challenging situations.
4. Please discuss the applicant's leadership skills/experience.
5. Letters of Recommendation **must be dated** after January 1, 2019 and postmarked or received by May 23, 2019.

If you have questions, please call 510-247-8180.

**TWENTY SEVENTH ANNUAL
HOWARD T. COLLINS MEMORIAL SCHOLARSHIP APPLICATION FORM**

NAME: _____

APPLICATION CHECKLIST

Review the following checklist, check each box **VERIFYING** that it is included in your application and **include this checklist as the first page of your application.**

- How did you learn about the Howard T. Collins Scholarship? _____
- Completed Application Form –All questions are answered.
- Certification of Residence and Income – Your *Assistant Manager, Community Manager, or Property Supervisor* must fill out this form and sign. *Allow sufficient time to get the signature. If you cannot contact any of the people listed above please call the Scholarship Hotline (510) 247-8180 by May 16, 2019.*
- 2 Letters of Recommendation* (see Letters of Recommendation Guidelines)
(Letters **must be dated** after January 1, 2019)
- Transcripts* (may be unofficial current copies)
(Transcripts must include applicant's name)

Your application will be considered incomplete if there are any blanks on the Application Form or any of the required documents are missing or outdated.

Applications are due by 5:30pm Thursday May 23, 2019, postmarked ok. We are unable to accept any late applications. (Applicant is responsible for ensuring that the application is received and complete.)

***Note:** Please request transcripts from your school/s and letters of reference as soon as possible, to avoid problems in meeting your deadline. Unofficial transcripts *are* acceptable. If a transcript is not available, you **MUST** explain; 1) why the transcript is not available; 2) what the last school attended was and; 3) when you attended.

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NAME: _____

EDUCATION EMPLOYMENT INFORMATION

Are you currently (check all that apply):

- A full-time student
- A part-time student
- Employed full-time
- Employed part-time
- Unemployed
- Other (please describe): _____

Are you currently attending one of the following? (Check only if one applies)

- 2-year College 4-year College Graduate school Vocational school Other

If you are currently in school, please provide the name of the college/university/vocational school you are currently attending: _____

Name

City

If you are *not* currently in school, please provide the name of the college/university/vocational school you plan to attend/have applied for: _____

Name

City

What is your current educational goal? (for example: A.S. in Construction Management, B.A. in Biology, Certificate in Licensed Vocational Nursing).

From the date of application for these funds, how long will it take to complete your educational goal?

Years

Months

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NAME: _____

EDUCATION

Please list your current or most recent place of study first.

SCHOOL & LOCATION	AREA OF CONCENTRATION	DATES ATTENDED	DEGREE/YEAR

WORK EXPERIENCE AND/OR VOLUNTEER EXPERIENCE

Please list your current or most recent place of employment first and focus on experience relevant to your career/educational goal.

POSITION/TITLE/ROLE	ORGANIZATION & LOCATION	DATES	FULL-TIME, PART-TIME, or VOLUNTEER

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NAME: _____

BUDGET WORKSHEET

Have you received a Howard T. Collins Scholarship in the past? YES NO

With funds received I will be pursuing a course of study toward/ for:

Educational/Academic goals Career /vocational

Please provide a Budget that explains what you would apply the scholarship money towards and how much you would need. (Such as \$200 for parking, \$150 for tuition per quarter, etc. – just write whatever applies to *your* specific needs).

NOTE: You may NOT request funds for payment of RENT. In past years, scholarship awards have typically ranged from \$750-\$3,500.

What time period does this Budget cover?

a year a semester a quarter a class a workshop Other _____

Sample Budget:

	<u>Item</u>	<u>Amount</u>
1.	Tuition for one quarter, semester, year, class, workshop	\$821.00
2.	Books & supplies	200.00
3.	Child care while attending school	<u>150.00</u>
	TOTAL COSTS	\$1,171.00
	TOTAL AMOUNT REQUESTED (Not covered by other funds, grants, etc.)	<u>\$1,171.00</u>

YOUR BUDGET: Expense must be directly related to this scholarship request.

	<u>Item</u>	<u>Amount</u>
1.	Tuition	
2.	Books	
3.	Supplies (please explain)	
4.	Childcare	
5.	Transportation/parking fees	
6.	Lab fees	
7.	Other (please explain)	
	TOTAL AMOUNT REQUESTED (<i>not covered by other funds, grants, etc.</i>)	— —

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NAME: _____

EDUCATIONAL FUNDING

Please fill in the chart below to help us better understand whether there are other sources of funding you are seeking to assist you in paying for school in the coming year.

We understand that some schools do not participate in the Federal Financial Aid program and that not everyone qualifies for financial aid. If you do not qualify for financial aid or it is not offered at your school or for your program please check this box.

If you have not yet received your financial aid awards notice(s), please check this box and show amounts you received for the most recent school year or estimates.

<i>Source of Funds</i>		<i>Total Amounts</i>
<input type="checkbox"/>	<i>Work or work study</i>	\$
<input type="checkbox"/>	<i>Savings/family assistance</i>	\$
<input type="checkbox"/>	<i>FAFSA*</i>	\$
<input type="checkbox"/>	<i>BOG Waiver**</i>	\$
<input type="checkbox"/>	<i>EOPS Program**</i>	\$
<input type="checkbox"/>	<i>Chafee Grant***</i>	\$
<input type="checkbox"/>	<i>Other Awards/Grants from my school</i>	\$
<input type="checkbox"/>	<i>Subsidized student loans</i>	\$
<input type="checkbox"/>	<i>Unsubsidized student loans</i>	\$
<input type="checkbox"/>	<i>Other Scholarships</i>	\$
<i>Total All Other Funding Sources:</i>		\$

*For info on applying for aid through FAFSA (The Free Application for Federal Student Aid) see <http://www.fafsa.ed.gov/>. It is free to apply.

** For info on applying for Extended Opportunity Programs and Services (EOPS) and/or the Board of Governors Waiver (BOGW) visit your college Financial Aid Office.

*** For info on applying for the Chafee Grant and other grants through the State of California visit: <http://www.csac.ca.gov>.

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NAME: _____

***We strongly encourage that you type your responses – it will be easier for the committee to read your answers. If you submit a hand written application, you are responsible for making sure it's legible.*

BIOGRAPHICAL STATEMENT

The purpose of this section is to give you a chance to tell us about yourself in your own words to give us a better understanding of your background and life circumstances. Please be sure to address these guiding questions:

- What was happening in your life before you moved to Eden – where were you living?
- How has living in affordable housing/Eden changed your life?
- What resident services and/or community programs have contributed to your current success?
- **If you have received a scholarship in the past, how have things changed for you?**

Please *limit your response to 750 words or less*. Attach additional pages as necessary.

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***We strongly encourage that you type your responses – it will be easier for the committee to read your answers. If you submit a hand written application, you are responsible for making sure it's legible.*

CAREER AND EDUCATIONAL GOALS

Please use the space below for your Statement of Purpose to tell us about your educational and/or career goals. What are your career and/or educational goals? What is your dream? Why have you chosen the educational goals that you are pursuing? **If you have received scholarships from Eden in the past, talk about how they have helped you achieve your goals and/or if your goals have changed.** *Please limit your response to 750 words or less.* Attach additional pages as necessary.

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NAME: _____

***We strongly encourage that you type your responses – it will be easier for the committee to read your answers. If you submit a hand written application, you are responsible for making sure it's legible.*

STATEMENT TO THE COMMITTEE/ ADDITIONAL INFO

Scholarships will be awarded to only the best qualified applicants. Please tell us why you believe your application should be selected for award by the committee and any additional information you think would help us make the best decision. ***Please limit your response to 750 words or less.*** Attach additional pages as necessary.

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NAME: _____

CERTIFICATION OF RESIDENCE

To be eligible for an Eden Housing, Inc. Howard T. Collins Memorial Scholarship, the applicant **must** be a **current** resident of a housing development managed by Eden Housing Management, Inc.

To certify your status, please have your *Assistant Manager, Community Manager, or Property Supervisor* complete this form for you. Allow sufficient time to get the signature. If you cannot contact any of the people listed above, please call the Scholarship Hotline at (510) 247-8180 by May 16, 2019 and leave a message explaining your situation.

Applicant's Name

Social Security #

*(Will be required if awarded a scholarship.
You can leave blank now if you prefer.)*

I hereby certify that the above named applicant is a resident of:

Property

Property Address

City

State/Zip Code

Move-in date: _____

His/her **age**, as shown on the 50059/TIC form is _____

His/her **date of birth** as shown on the 50059/TIC form is _____

Total Annual Income for Household (gross): _____

Signature of **Property Manager/Property Supervisor**:

Signature

Date

Print

() _____

Phone

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NAME: _____

RESIDENT AKNOWLEDGEMENT

I hereby certify that my application is complete, true and includes the following:

- 1) Completed Application Form Including checklist and all questions are answered.
- 2) Certification of Residence and Income – Completed by the *Assistant Manager, Community Manager, or Property Supervisor*
- 3) 2 Letters of Recommendation
- 4) Transcripts (or an explanation as to why they are not included)
- 5) **PREVIOUS AWARD RECIPIENTS ONLY** must complete page 12 and provide proof of how prior year funds were spent, i.e. receipts, bank statements, etc.

Should I be selected I understand that **I must do the following to receive my check:**

- 1) Provide proof of enrollment and/or registration in your proposed program.
- 2) Sign an Eden Housing, Inc. Resident Release Form
- 3) Attend the scholarship award celebration (currently scheduled for July 16 or 17, 2019) and participate in an informal interview and/or photo shoot at the event.
- 4) Keep proof of how the money was spent. This is required if I apply again.

Applicant's Signature

Date

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NAME: _____

**PREVIOUS AWARD RECIPIENTS ONLY
(Read carefully, and complete)**

NOTE: This form should ONLY be filled out if you have received a Howard T. Collins Scholarship award previously.

*** Note: If you received a scholarship in 2018, you MUST provide proof of how the money was spent – this includes receipts of purchase, transcripts of courses completed, etc.** If you have questions, please call 510-247-8180.

Please list the years that you have received a Howard T. Collins Scholarship award:*

Year _____ Amount Awarded _____

Year _____ Amount Awarded _____

Year _____ Amount Awarded _____

How was the money spent? (please explain if money was spent differently than was requested in the application)

Year _____ : _____

Year _____ : _____

Year _____ : _____

How did the money help you to further your educational/academic and/or career advancement / vocational goals?

If you are applying again this year, please tell the committee why you should be awarded additional Howard T. Collins funds.

