

# New Leader Scholarship



**Undergraduates:** New and renewing applicants  
**Graduates:** Previous New Leader Scholarship recipients ONLY  
**Postmark Deadline: March 10, 2016**

Please be sure to read the Application Guide *before* completing this application. Complete the entire application and send required additional documents by the postmark deadline. Incomplete applications will not be considered for funding. For questions, call 10,000 Degrees at (415) 451-4002. For more information on the New Leader Scholarship, please visit [www.newleaderscholarship.org](http://www.newleaderscholarship.org).

## A. Personal Information (please print)

Name: \_\_\_\_\_  
First M.I. Last

Mailing Address:

Street: \_\_\_\_\_

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

Permanent Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Gender:  Female  Male

Ethnicity: **(Your answer to this question will not affect your eligibility for the New Leader Scholarship. It is used only for statistical purposes.)**

- African American/Black       Native American  
 White/Caucasian       Latino/Hispanic  
 Asian American (please specify): \_\_\_\_\_

- Multiethnic (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Do you ordinarily speak a language other than English at home?     Yes             No

If yes, please specify: \_\_\_\_\_

**B. Family and Immigration Information**

Place of birth: \_\_\_\_\_

Have you or any family member (parent or grandparent) immigrated to the U.S.? If so, please explain who, when, from where, and under what circumstances.

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

List your siblings, their ages, and education levels.

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

List your children and their ages.

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

List member(s) of your household who will attend college or a vocational training program at least half time in 2015-2016.

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

Parent's Name: \_\_\_\_\_  
 City of residence: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Income, current: \_\_\_\_\_  
 Income, 2014: \_\_\_\_\_  
 Education level: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Homeowner?     Yes     No

Parent's Name: \_\_\_\_\_  
 City of residence: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Income, current: \_\_\_\_\_  
 Income, 2014: \_\_\_\_\_  
 Education level: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Homeowner?     Yes     No

**C. Financial Aid Award Letter and Financial Statement**

Please include a copy of your 2015-2016 Financial Aid Award letter from the school you are currently attending, if you have one.

Estimated Source of Income (2016-2017)

Employment earning: \$ \_\_\_\_\_  
 From spouse, family, other: \$ \_\_\_\_\_  
 Work study: \$ \_\_\_\_\_  
 Savings, other source: \$ \_\_\_\_\_

Other anticipated financial assistance: Scholarships, fellowships, grants, loans:

Source	Amount	Start/end date
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

Total financial resources (including work, savings, etc.): \$ \_\_\_\_\_

Estimated Expenses (2016-2017)

Tuition and fees: \$ \_\_\_\_\_  
 Housing (rent, utilities): \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Books and supplies: \$ \_\_\_\_\_  
 Personal: \$ \_\_\_\_\_  
 Medical: \$ \_\_\_\_\_  
 Child care: \$ \_\_\_\_\_  
 Debt repayment: 1. \$ \_\_\_\_\_ (Name: \_\_\_\_\_)  
 2. \$ \_\_\_\_\_ (Name: \_\_\_\_\_)  
 3. \$ \_\_\_\_\_ (Name: \_\_\_\_\_)

Total expenses: \$ \_\_\_\_\_

a. Do you plan to work while attending school?  No  Yes (Hours per week: \_\_\_\_\_)

b. Briefly explain any special financial or family circumstances you want us to consider.

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

c. Are you applying for a study abroad program for next year, or do you plan to spend any portion of the academic year out of the Bay Area? If so, where and during what period of time?

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### D1. Education Plans and History for UNDERGRADUATES

In order to be eligible for this scholarship, you must have attended one of the schools below in 2015-2016, and you must attend one of them in 2016-2017.

School you attended in 2015-2016:

- California State University, East Bay
- San Francisco State University
- San Jose State University
- Sonoma State University
- University of California, Berkeley

School you will attend in 2016-2017:

- California State University, East Bay
- San Francisco State University
- San Jose State University
- Sonoma State University
- University of California, Berkeley

Units taking per term in 2016-2017:

Summer 2016: \_\_\_\_\_ Fall 2016: \_\_\_\_\_ Winter 2017: \_\_\_\_\_ Spring 2017: \_\_\_\_\_

Year in college during the 2016-2017 academic year:       Junior       Senior

What is your (intended) major? \_\_\_\_\_

What are your current educational objectives? (Check as many as apply.)

- First bachelor's degree       Second (or more) bachelor's degree
- Future graduate studies; field or area: \_\_\_\_\_

Approximate date you will receive the degree for which you are applying for funding:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

High school attended: \_\_\_\_\_

List all previous colleges, years of attendance, any degrees completed.

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Are you the first person in your family to attend college?       Yes       No

If no, who has attended, and what was their field of study?

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**D2. Education Plans and History for GRADUATES**

In order to be eligible for this scholarship, you must have received a bachelor's degree, have been a previous New Leader Scholarship recipient, and be enrolled in a California public university graduate program in 2016-2017.

School you attended in 2015-2016 (or most recent): \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

School you will attend in 2016-2017: \_\_\_\_\_

Units taking per term in 2016-2017:

Summer 2016: \_\_\_\_\_ Fall 2016: \_\_\_\_\_ Winter 2017: \_\_\_\_\_ Spring 2017: \_\_\_\_\_

What year will you be in your graduate program during the 2016-2017 academic year?  
 First year  Second year  Third year  Fourth year  Fifth year  Sixth year  Seventh year+

What is your field of study? \_\_\_\_\_

What are your educational objectives? (Check as many as apply.)  
 Master's degree  Ph.D.  M.D.  J.D.  Other degree:  
\_\_\_\_\_

Approximate date you will receive the degree for which you are applying for funding:  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

List all previous colleges, years of attendance, any degrees completed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**E. Background Information and Non-academic Achievement**

Work Experience

Dates	Employer	Title/Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Service/Volunteer Experience

Dates	Description	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recreational Activities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **F. Document and Interview Requirements**

### **I. ESSAY**

Please provide an autobiography addressing the following points: (i) your educational goals, (ii) how this scholarship will assist you in achieving those goals, (iii) what has motivated you to attend college, and (iv) who are the significant figures in your life. (MAX. 700 WORDS)

### **II. TRANSCRIPTS**

Send official or unofficial transcripts for all colleges attended. You must have a GPA of 3.5 or higher at your current school or at a combination of your current school plus all schools previously attended. Consideration may be given to students with a GPA between 3.2 and 3.49 with special circumstances. Send all transcripts to New Leader Scholarship, c/o 10,000 Degrees, 1650 Los Gamos Dr., Suite 110, San Rafael, CA 94903. Transcripts must be postmarked by March 10, 2016.

### **III. LETTERS OF RECOMMENDATION**

You must provide two letters of recommendation, one of which must be from a **FACULTY** member at your current school. If not included with your application, please have recommenders send letters directly to New Leader Scholarship, c/o 10,000 Degrees, 1650 Los Gamos Dr., Suite 110, San Rafael, CA 94903.

### **IV. INTERVIEWS**

Finalists are required to attend an interview with the scholarship committee in San Rafael. The interview dates are tentatively scheduled for April 8th and 9th. Finalists will be notified in late March or early April, and recipients will be notified in May.

## G. Scholarship Information

Have you previously applied for the New Leader Scholarship?  Yes  No  
Have you previously received the New Leader Scholarship?  Yes  No

How did you first hear about the New Leader Scholarship? (Mark only one box.)

- |   |   |
|---|---|
| <input type="checkbox"/> 10,000 Degrees website         | <input type="checkbox"/> 10,000 Degrees representative              |
| <input type="checkbox"/> Flyer, poster, or brochure     | <input type="checkbox"/> Faculty member: _____                      |
| <input type="checkbox"/> Friend or relative             | <input type="checkbox"/> Community based organization: _____        |
| <input type="checkbox"/> New Leader Scholarship website | <input type="checkbox"/> Recipient of New Leader Scholarship: _____ |
| <input type="checkbox"/> Campus scholarship office      | <input type="checkbox"/> Other: _____                               |
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## H. Authorization and Certification

I understand that it is my responsibility to read, understand, and complete this application accurately and to comply with all deadlines.

I understand that I must inform 10,000 Degrees of any changes in address, enrollment, or financial circumstances.

I authorize school, federal, state, and/or county officials to release to 10,000 Degrees information pertaining to my academic record, financial aid eligibility, and the amount and type of aid or benefits received. This information is to be used solely for the purpose of determining my eligibility for the New Leader Scholarship.

I authorize 10,000 Degrees to use my name and school for the purposes of community relations and program evaluation.

I understand that my scholarship application may be denied or withdrawn if it is incomplete and/or if any information reported on this application is found to be intentionally misleading, inaccurate, or fraudulent.

I have read and understand my rights and responsibilities.

My signature confirms that I have read and understand the above stated Authorization and Certification.



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Applicant's Signature

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Date