

Dedicated to supporting the families of our fallen heroes.

www.100clubsyc.org 925-250-7491 501(c)(3) 81-3993442

## Scholarship Application

#### **Scholarship Opportunities for Graduating Seniors**

The 100 Club of Solano and Yolo Counties has been generously endowed by the club and various members who have, through gifts and memorials, established a variety of scholarship funds that provide financial resources to be awarded to high school seniors who will be attending full-time undergraduate classes at a community college or university or who are enrolling into specified trade schools or academies for first responder, public safety, and/or related fields.

- 1. Applications will become available February 15 during the year of application Applications may be picked up at the school office or may be acquired from the 100clubsyc.org website.
- 2. Completed applications, current school transcript(s), three letters of recommendation, and a photo must be returned to the Scholarship Committee (at The 100 Club of Solano and Yolo Counties, P.O. Box 835, Fairfield, CA, 94533, by July 1.) If you do not receive an email or mail receipt for your application, please verify that your application has been received by the Scholarship Chairman at the email address listed below. It is preferred that applications are typed or printed in ink. Additional paper may be used if more room is needed for any responses. It is most important that your responses are detailed and complete to help the Scholarship Committee to know you better. Any questions should be directed to the Scholarship Committee chairperson at <a href="mailto:info100clubsyc@gmail.com">info100clubsyc@gmail.com</a>.
- 3. After reviewing all applications, the Scholarship Committee will contact all applicants by mail, email, or phone, and an interview will be scheduled. The scholarship recipients and parent/guardians will be invited to the presentation of awards in May, venue TBD. Recipients are expected to attend this presentation. If unable to attend, the students must contact the chairperson of the Scholarship Committee prior to the awards service.
- 4. This application is for the first academic school year of your selected college or trade program only.

# Personal/Contact Information Name: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ Home Mailing Address: \_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_ Parent(s)/Guardian(s) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_ School Activities List group or individual school activities in which you're an active member, and identify any leadership role or responsibilities you may have.

#### **Leisure/Community Activities**

| List activities outside of school such as your hobbies, interests, and any community service. |  |  |  |  |  |
|---|--|--|--|--|--|
| Identify any leadership roles or responsibilities you may have. Be specific, please.          |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

#### **Qualifications**

- 1. Academic achievement requirements and school attendance may vary with each scholarship offered.
- 2. Scholarships are for students who will be enrolling in full-time undergraduate study and/or program(s) in First Responder, Public safety, and/or related fields.
- 3. Only one scholarship will be awarded to an individual. Please indicate on the chart which scholarship(s) you qualify for and wish to be considered.

| Check if you qualify | Name of Scholarship<br>and Amount | Required High<br>School Grade Point<br>Minimum | Other Criteria    |
|----------------------|-----------------------------------|--|-------------------|
|                      | The 100 Club of Solano            |  | First Responder,  |
|                      | and Yolo Counties                 | 2.75   | Public Safety, or |
|                      | \$1,000                           |  | related field     |

#### **Financial Qualifications**

The 100 Club of Solano and Yolo Counties Scholarship Committee members unanimously waive financial limits. We will be accepting awardees by merit.

| <u>Academic</u>   |
|---|
| Name of high school: Date of graduation:  |
| High school class rank out of High school grade point average:  |
| Have you taken college classes concurrent with high school classes? YesNo   |
| If yes: Name of college: In City, State:  |
| Cumulative college grade point average: Major: Minor:   |
| Do you plan to attend college or a trade program full-time for the next full school year of?  Yes No If Yes, which school or program? In City, State: |
| List recognition, awards, or honors that you have received in school, work, or community involvement:   |
|   |

\*Please include a copy of your academic transcripts from high school or college, as appropriate, with this application. By this application, I authorize the Scholarship Committee to verify my CPA, credits, and course load.

#### Essay form 500 words or less

On a separate page, please type or print in ink. Be specific and creative.

- 1. Give a brief summary of the main events in your life and outline your personal as well as educational goals.
- 2. Explain why this scholarship is important to you.

### **References/Letters of Recommendation** Please give the name, address, and phone number of references who can attest to your character and your personal and educational goals. Parent or Guardian (Letter required) Name 1: \_\_\_\_\_ Address: Phone: **Teacher or School Advisor (Letter required)** Name 2: \_\_\_\_\_ Address: Phone: \_\_\_\_\_ **Employer, Volunteer Supervisor, Spiritual Advisor, or Mentor (Letter required)** Name 3: \_\_\_\_\_ Address: Phone: **Applicant Interview** Will you be available for an in-person interview? (circle one) Yes No Best contact for me: (circle one) Mail, Email, Phone Student's signature Date Media Waiver/Follow-up Permission Waiver I grant unrestricted permission to the 100 Club of Solano and Yolo Counties to use photos and/or

I grant unrestricted permission to the 100 Club of Solano and Yolo Counties to use photos and/or video images of me and/or statements from me for the purpose of publication, promotion, and advertising in any manner and medium relating to The 100 Club of Solano and Yolo Counties' Scholarships and agree to follow-up contact within the first two years of the scholarship award, should I be selected. I waive my right to any compensation for these publications.

| Parent or Guardian Signature | Date |
|------------------------------|------|
| Student Signature            | Date |

Thank you for applying for The 100 Club of Solano and Yolo Counties Scholarship!

Mail completed application and required documentation to:

The 100 Club SYC Scholarship Committee P.O. Box 835 Fairfield, CA 94533

| Scholarship Committee Application Checklist:  Not to be completed by Applicant. For Committee use only.)   |   |
|--|---|
| <ul> <li>□ Completed application</li> <li>□ Official school transcript</li> <li>□ Three recommendation letters         <ul> <li>○ Parent</li> <li>○ Academic advisor, teacher, etc.</li> <li>○ Employer, volunteer supervisor, spiritual advisor or mentor</li> <li>□ Photo (recent headshot)</li> <li>□ Summary of life events, education goals, and why this scholarship is important (500 words or less, typed or printed in ink.)</li> <li>□ Media waiver/and Follow-up permission signed</li> </ul> </li> </ul> |   |
| Scholarship Committee Member Date  | _ |
| Notes and/or Committee Member Comments   |   |



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|  | I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank.   |                  |           |                          |   |               |             |  |  |  |
|--|---|------------------|-----------|--------------------------|---|---------------|-------------|--|--|--|
|  | 2 Business name/disregarded entity name, if different from above  |                  |           |                          |   |               |             |  |  |  |
| Print or type.<br>See Specific Instructions on page 3. |   |                  |           |                          | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |               |             |  |  |  |
|  | single-member LLC   |                  |           |                          | Exempt payee code (if any)  |               |             |  |  |  |
| ty<br>tio  | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)   |                  |           |                          |   |               |             |  |  |  |
| Print or type<br>ic Instruction                        | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |                  |           |                          | Exemption from FATCA reporting code (if any)  |               |             |  |  |  |
| eci  | ☐ Other (see instructions) ▶  |                  | (Арр      | lies to accounts         | : mainta  | ined outside  | e the U.S.) |  |  |  |
| Sp   | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requester's na   | me and a  | address (op              | tional  | )             |             |  |  |  |
| See  |   |                  |           |                          |   |               |             |  |  |  |
| •,   | 6 City, state, and ZIP code   |                  |           |                          |   |               |             |  |  |  |
|  |   |                  |           |                          |   |               |             |  |  |  |
|  | 7 List account number(s) here (optional)  |                  |           |                          |   |               |             |  |  |  |
| В.   | The second to differ the New York (TIM)   |                  |           |                          |   |               |             |  |  |  |
| Par  |   | Social           | Leogurita | y number                 |   |               |             |  |  |  |
|  | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, 1  | U.U.             | T         | y Humber                 | 1 [   | $\overline{}$ |             |  |  |  |
| reside   | ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other  |                  |           | -                        | -   |               |             |  |  |  |
|  | es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>   |                  |           |                          | J   |               |             |  |  |  |
| TIN, later.  |   |                  | war idan  | tification               |   |               |             |  |  |  |
|  | If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.   | ana Emple        | J L       | er identification number |   |               |             |  |  |  |
| 7 407776   | or re and the requester for guidelines on whose hamber to onton   |                  | -         |                          |   |               |             |  |  |  |
| Dou  | t II Certification  |                  |           |                          | Ш   |               |             |  |  |  |
| Par  |   |                  |           |                          |   |               |             |  |  |  |
|  | r penalties of perjury, I certify that:   |                  |           |                          |   |               |             |  |  |  |
| 2. I ar<br>Ser   | e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and   | ) I have not bee | en notifi | ed by the                | Inter   |               |             |  |  |  |
| 3. I ar  | n a U.S. citizen or other U.S. person (defined below); and  |                  |           |                          |   |               |             |  |  |  |
| 4. The   | e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting  | na is correct.   |           |                          |   |               |             |  |  |  |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

| other than   | 1 1 2/                        | utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later. |  |
|--------------|-------------------------------|--|--|
| Sign<br>Here | Signature of<br>U.S. person ▶ | Date ►   |  |

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,