



College of the Siskiyous Promise Scholarship Application 2018/2019

The College of the Siskiyous Promise is designed to remove the economic barriers to education. The "Promise" is graduating seniors from Siskiyou County and Modoc County high schools will have their enrollment fees (\$46/unit cost of classes, Health fee, Student Rep Fee and Student Center fees) fully funded during their first year (consecutive fall and spring semesters) of attendance at College of the Siskiyous, crediting any applicable financial assistance. Promise students will also receive a book voucher for use in the Campus Bookstore during the fall (\$200) and spring (\$200) semesters.

❖ Eligibility Requirements:

To be eligible to apply for the College of the Siskiyous Promise Scholarship you must meet all of the following criteria:

- Be a Siskiyou or Modoc County resident who will graduate from a Siskiyou County or Modoc County high school by June 2018. Students who graduate mid-year (December) will be eligible for next Siskiyou Promise academic year.
- Apply to College of the Siskiyous via CCCApply.
- Complete the 2018/2019 Free Application for Federal Student Aid (FAFSA – www.fafsa.ed.gov or a 2018/2019 Dream Act Application (AB540 students) and add school code – 001187 (College of the Siskiyous).
- Fill out and submit Siskiyou Promise application and copy of FAFSA (Free Application for Federal Student Aid) Expected Family Contribution (EFC) page.
- Complete College of the Siskiyous Orientation, Advising, and Registration Process (SOAR)
- At the SOAR session, enroll at College of the Siskiyous as a full-time student (at least 12 but recommend 15 units) for Fall 2018 and Spring 2019. For students with disability accommodation needs, please call (530) 938-5374.

Biographical Information:

COS Student ID _____ Date of Birth _____ Male Female Decline to Answer
This number begins with S and does not contain any dashes. If no Student ID, state NONE. Do not enter your Social Security Number.

First Name _____ Middle _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Personal Email _____ Primary Phone _____

High School Currently Attending: _____ Graduation Date _____

Future college plans - I plan to major in: _____

How did you hear about the Siskiyous Promise? _____

Other Information:

Please list name of Parent/Guardian: _____ Relationship to student: _____

Parent's phone number: _____ Parent's email address: _____

YES NO Are you currently receiving special education services (IEP or 504 Plan) and/or did you received them in elementary and/or middle school?

YES NO If it weren't for the Siskiyou Promise, would you have made plans to attend college at all?

Financial Aid Information:
IMPORTANT

In order to be considered for the PROMISE program, you must first complete the **Free Application for Federal Student Aid (FAFSA – www.fafsa.ed.gov)**. If you are not eligible to file a FAFSA, but are a non-resident who meets certain criteria per State Law AB540, you will need to fill out an application for the Dream Act.

- I hereby acknowledge I have filled out and submitted the FAFSA or the Dream Act application (AB540 students only). **Copy of FAFSA (Free Application for Federal Student Aid) Expected Family Contribution (EFC) page is attached.**
- I understand I will not be awarded the Siskiyou Promise scholarship until my FAFSA or Dream Act application is received by the Financial Aid Office and I have submitted any required documents to complete my file. After completion and review of my file, I will receive my Award Notification via email from the COS Financial Aid Office.

❖ **Promise Scholarship Rules & Disclosures:**

- I hereby give authorization to the College of the Siskiyous to obtain my academic transcript, biographical data and financial aid information including the status of my FAFSA or Dream Act application.
- I further authorize College of the Siskiyous, including the College of the Siskiyous Registrar and the College of the Siskiyous Office of Financial Aid, to release any information deemed necessary in order to verify the responses I have provided in this application.
- I agree to receive, and respond to, correspondence from the College of the Siskiyous as needed.

Preferred contact method: Text Phone Email

❖ **Acknowledgement:**

- I understand that if I **withdraw from** all of my classes or **drop below 12 units** I will jeopardize my eligibility for continued participation in the Siskiyou Promise Program.
- I have read, understand, and agree to the above statements.

❖ **Applicant Signature:** _____ **Date** _____

Print and Return Completed Application to:

**Regina Weston, Coordinator
Student Equity & Siskiyou Promise
College of the Siskiyous
800 College Avenue
Weed CA 96094**