

PETERSON SCHOLARSHIP APPLICATION 2008

**\*\*Application MUST be received by 4:30 p.m., Friday, November 21, 2008\*\***

NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

NAME OF PARENTS, THEIR ADDRESS, OCCUPATION(S), EMPLOYER(S)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF COLLEGE YOU ATTEND OR PLAN TO ATTEND \_\_\_\_\_  
MOST RECENT GRADE POINT AVERAGE \_\_\_\_\_

DESCRIBE YOUR EDUCATIONAL GOALS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR PAST WORK EXPERIENCE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Funds of the Peterson Scholarship Fund are to be used for the educational purposes of worthy, talented, industrious men and women who are planning a career or are presently working in a child development program, the field of developmental disabilities, or related fields.

In addition to the completed application, please submit the following required information:

- 1) A one-page letter describing how you plan to make a difference and indicating why you believe you qualify for this scholarship;
- 2) Two letters of professional recommendation; and
- 3) A college transcript (does not need to be a certified copy).

All finalists will be interviewed.

Deadline: Application must be received by the Foundation for Developmental Disabilities at the address below by 4:30 p.m. on Friday, November 21, 2008. Faxed copies will NOT be accepted.

SUBMIT TO: FOUNDATION FOR DEVELOPMENTAL DISABILITIES  
Attn: Patricia Ocádiz  
4355 Ruffin Road  
San Diego, CA 92123  
(858) 576-2817

**FINANCIAL STATEMENT OF APPLICANT**

**YEARLY INCOME**

Employer Name \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Family Assistance \$ \_\_\_\_\_

Other Income (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

**ASSETS**

Cash \$ \_\_\_\_\_  
Savings \$ \_\_\_\_\_  
Checking (Average Balance) \$ \_\_\_\_\_  
Auto \_\_\_\_\_ \$ \_\_\_\_\_

Year/Make \_\_\_\_\_  
Other Assets (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**SUMMER EMPLOYMENT PLANS**

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

**Indicate the amount of financial assistance you are requesting:** \$ \_\_\_\_\_

Additional Comments:

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

Date: \_\_\_\_\_

**YEARLY EXPENSES**

Tuition \$ \_\_\_\_\_  
Rent \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Living Expenses \$ \_\_\_\_\_  
Installment Pmts \$ \_\_\_\_\_

Other Expenses (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant