



## Small Business Finance

### ARTHUR H. GOODMAN MEMORIAL SCHOLARSHIP FUND APPLICATION ACADEMIC YEAR 2017 – 2018

Open to dynamic, community-minded women and minority students transitioning from a community college in California or Arizona to a four-year university.

New Applicant    Renewal Applicant

#### **SECTION ONE** **Student Information**

Student name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County of Residency: \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ E-mail \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Parent(s) name(s): \_\_\_\_\_

Name of community college currently attending: \_\_\_\_\_

Estimated date of AA Degree completion: \_\_\_\_\_

Please list any academic awards & distinctions you have received: \_\_\_\_\_

\_\_\_\_\_

University you will be attending in Fall 2017: \_\_\_\_\_

private    public

Have you been formally accepted to this school?    Yes\*    No\*\*

\*Include letter of acceptance   \*\*List when formal acceptance is anticipated: \_\_\_\_\_

University that is your second choice for Fall 2017 \_\_\_\_\_

private    public

Have you been formally accepted to this school?    Yes\*    No\*\*

\*Include letter of acceptance   \*\*List when formal acceptance is anticipated: \_\_\_\_\_

**SECTION ONE**  
**Student Information – Continued**

In Fall 2017, you will be a;  freshman  sophomore  junior  senior  adult re-entry student

Will you be attending school?  full-time  part-time

Will you be attending school for the entire 2017 - 2018 academic year?  yes  no

If no, which semester/quarter will you be attending? \_\_\_\_\_

What is your intended major? \_\_\_\_\_ What degree are you currently pursuing? \_\_\_\_\_

Do you plan on pursuing a graduate degree? If so, identify: \_\_\_\_\_

What is your long term career goal? \_\_\_\_\_

How did you hear about the Goodman Scholarship Program? \_\_\_\_\_

**On the chart below, please list any organizations that you volunteer with on a regular basis**

<b>Organization</b>	<b>Service Provided</b>	<b>Estimated Hours/Frequency</b>

Please list any extra curricular activities (other than volunteer work noted above) in which you have been involved over the past two years: \_\_\_\_\_

\_\_\_\_\_

**SECTION TWO**  
**Financial Information**

Estimated Tuition for 2017 - 2018 School year: \_\_\_\_\_

Your tuition will be based on  in-state  out-of-state

City and State of school: \_\_\_\_\_

Estimated Cost of Books and Supplies: \_\_\_\_\_

Estimated Living Costs: \_\_\_\_\_

You will live:  on campus  off campus  with parent(s)

Total Estimated Costs: \_\_\_\_\_

Have you applied for other scholarships, financial aid or grants for the 2017 - 2018 school year?  
 Yes  No

If yes, please complete this table:

Name of financial program	Amount	Have you been approved?

Will you work during the school year?  Yes \_\_\_ # of hours weekly \_\_\_\_\_  No

Will your family assist you financially with tuition and living expenses?  
 Yes – list amount \_\_\_\_\_  No

### Student Financial Information:

Adjusted 2016 Gross Income (line 37 of tax form 1040 or line 4 of 1040EZ): \_\_\_\_\_

Other Income Received in 2016: \_\_\_\_\_

Total 2016 Income: \_\_\_\_\_

#### Assets:

Checking and Savings Accounts, Investments: \_\_\_\_\_

Other Assets (please list): \_\_\_\_\_

#### Liabilities:

Auto Loans

Student Loans

Personal Loans

Revolving Credit Card Debt

Other Liabilities (please list): \_\_\_\_\_

Are you claimed as a dependent on your parent's taxes?  Yes (complete section below)  No  
(Please keep in mind we may request copies of your tax returns if you are selected for this scholarship)

### Parents Financial Information

Income: \_\_\_\_\_

Adjusted 2016 Gross Income (line 37 of Form 1040): \_\_\_\_\_

Non-taxable 2016 Income (SS, Child Support, AFDC, etc.): \_\_\_\_\_

**Assets:**

Cash, Savings, Checking Accounts, Investments Total: \_\_\_\_\_

Value of Residence (if owned): \_\_\_\_\_

Current Mortgage Debt: \_\_\_\_\_

Value of Other Real Estate owned: \_\_\_\_\_

Current Mortgage Debt (if applicable): \_\_\_\_\_

(Please keep in mind we may request copies of your tax returns if your child is selected for this scholarship)

Total number of people in household: \_\_\_\_\_

Number of parents employed/working: \_\_\_\_\_

Please describe any financial hardships or unusual circumstances in your household:

\_\_\_\_\_

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide verification of the information I have given on this form, including a copy of my (or my parent's) UNITED STATES Income Tax. Falsification of information may result in termination of any scholarship granted.

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_

**SECTION THREE****Personal Statement**

Please prepare and attach a "Personal Statement" (identified as such on top of each page) that is no more than three, double-spaced typed pages in length. The Goodman Scholarship is targeted to those individuals that have demonstrated a commitment to community involvement and desire to pursue a career in the field of economic development. Your Personal Statement should clearly address the following items:

- Your community involvement/volunteerism. Why do you volunteer? How has it influenced you personally and your career goals? How has your volunteerism impacted individuals or the community?
- Any individual or event that has influenced your decision to pursue a college education and/or selecting your desired career.
- Your future goals and how they include community involvement.
- Why you feel you are a strong candidate for the Arthur Goodman Memorial Scholarship.

Letters of Recommendation

Please ask two people that you know well but are not related to you to provide you with a letter of recommendation. They should outline in what capacity they have known you and the length of time they have known you, as well as why they think you are a viable candidate for our scholarship program. Letters must be dated on or after January 1, 2017. Letters of Recommendation from teachers, counselors, employers, volunteer supervisors and coaches are most favorable. These letters must be on official letterhead and signed.

Official Transcripts

A complete set of official transcripts from all community college courses you have completed **must** be included in your application. Please be sure to place your requests for transcripts at your school(s) early as the administrator will require some time to process these. The transcripts must be delivered to us in a sealed envelope with a signature on the back flap that is signed by an official or stamped at the school.

**SECTION FOUR  
REQUIRED CERTIFICATIONS AND RELEASE**

**Applicant Certification**

I certify the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. In addition, I certify that I am not related to any individual employed by, who serves on a committee of, or sits on the Board of CDC Small Business Finance.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under age 18)

**Release of Information - must be signed by applicant AND parent/guardian**

By signing this application, I hereby (i) formally authorize any individual regarding any portion of this document to provide information of any kind whatsoever requested by CDC Small Business Finance or any of its employees, or representatives, and (ii) forever release any of the entities or individuals seeking or providing any such information from any and all claims or damages that I may or actually do sustain as a result of seeking or providing such information.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under age 18)

**Agreement of Terms**

I certify that I have read and reviewed the criteria and checklist for the Arthur H. Goodman Memorial Scholarship. Also, I understand that if I do not submit the required information or if it arrives late or is faxed, my application will be incomplete and will not be considered. I understand that submission of this application does not ensure receipt or award of any Arthur H. Goodman Memorial Scholarship proceeds. Finally, I agree to adhere to all of the terms and conditions of my scholarship(s) if I am selected as a recipient.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scholarship Applications Must Be Received By 5 P.M.  
On Friday, June 30, 2017**

Mail your completed application to:

Arthur Goodman Memorial Scholarship Program  
Attn: Robert Villarreal  
CDC Small Business Finance  
2448 Historic Decatur Rd. #200  
San Diego, CA 92106