



One Angwin Avenue
Angwin, CA 94508

Human Resources
(707) 965-6231
(707) 965-6400 FAX

SCHOLARSHIP GRANT APPLICATION FOR DEPENDENT CHILDREN OF FACULTY OR STAFF

Student name: _____
Last First Middle

Single Married

Quarter: Fall Winter Spring Summer / Semester: First Second Year: _____

Attending PUC Elementary Academy College

Student is living: At home In residence hall Away from home / In village

Relationship of child to parent: Natural or Adopted Guardianship Other _____

Parent's name: _____
Last First Middle

Parent's work department _____ Salaried Hourly

Circle applicant's year in school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 (If 5th year in college, explain why needed)

What is your college student's course of study? _____

If dependent is attending a school away from the Angwin area:

School name: _____

School address: _____
(Submit tuition statements to Business Office—Payments will be made direct to school)

Applicant Signature

Date

Business Office Approval

Date

For office use only:

Autumn: \$ _____

Spring: \$ _____

Winter: \$ _____

Summer: \$ _____