



Gateway to College  
 Shasta College  
 11555 Old Oregon Trail  
 P.O. Box 496006  
 Redding, CA 96049-6006  
 Office: 530.242.7585/Fax: 530.225.3900  
 Email: gtc@shastacollege.edu  
 www.shastacollege.edu/gatewaytocollege

## SCHOLARSHIP APPLICATION

Please read the application carefully and print clearly. Complete the entire application including signatures and attach your most recent transcript.

Date of Application: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you learn about the Gateway to College program? \_\_\_\_\_

### NAME AND ADDRESS

Full Legal Name: \_\_\_\_\_  
Last First Middle

Student Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL\_\_HM\_\_ Student Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street Address Apartment /Space #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PERSONAL INFORMATION

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City State Country

Are you currently in foster care? YES \_\_\_ NO \_\_\_ Were you in foster care anytime between the ages of 16 and 18? YES \_\_\_ NO \_\_\_

Who do you currently live with? \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name

### PARENT INFORMATION

Parent/Guardian: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Last First Middle Initial

Parent/Guardian Phone: #1: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL\_\_HM\_\_ #2: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL\_\_HM\_\_

Mailing address: \_\_\_\_\_  
Street Address Apartment /Space #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email address (to receive important notices): \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION:** List emergency contacts if different than parent/guardian above. **Also include** individuals involved in your life who have an interest in your educational plans or school progress such as counselors, social workers, grandparents or probation officers.

Name: \_\_\_\_\_  
Last First Agency (if applicable)

Relationship to you: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL\_\_HM\_\_

Name: \_\_\_\_\_  
Last First Agency (if applicable)

Relationship to you: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL\_\_HM\_\_

## ACADEMIC INFORMATION

Are you behind in high school credits? YES \_\_\_ NO \_\_\_ Have you ever had an IEP? YES \_\_\_ NO \_\_\_ Have you ever had a 504 plan? YES \_\_\_ NO \_\_\_

Have you ever been expelled or suspended from a school or college? YES \_\_\_ NO \_\_\_

If yes, please explain the situation and tell us what kind of support you would need to ensure that this does not occur again:

Are you on probation? YES \_\_\_ NO \_\_\_ If yes, list name and phone number of probation officer:

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you eligible for the Free/Reduced School Lunch program at school? YES \_\_\_ NO \_\_\_

Do you typically participate in the school lunch program? YES \_\_\_ NO \_\_\_

How do you typically get to school? School Bus \_\_\_ Ride from Parent/Friend \_\_\_ Walk \_\_\_ Drive \_\_\_ RABA \_\_\_ Other: \_\_\_\_\_

Are you familiar with riding the RABA bus system? YES \_\_\_ NO \_\_\_

Have you ever had a SARB contract? YES \_\_\_ NO \_\_\_ If yes, do you have a current SARB contract? YES \_\_\_ NO \_\_\_

If not current, when did it expire? Date \_\_\_\_\_ Was the SARB contract for: Attendance \_\_\_ Behavior \_\_\_ Both \_\_\_

Are you able to attend class 5 days a week? YES \_\_\_ NO \_\_\_ If no, tell us why \_\_\_\_\_

List all high schools or alternative education programs you have attended: \_\_\_\_\_

## REFERRAL INFORMATION

How did you learn about the Gateway to College program? \_\_\_\_\_

## REQUIRED SIGNATURES

- I certify that the information on this application is correct and complete. I understand that if I have not provided accurate information, I may be denied acceptance in the Gateway to College program. I understand that this is only an application, and not a guarantee of acceptance into the program.
- I understand that if accepted into the Gateway to College program, I must abide by the Code of Student Conduct for Shasta College and the Shasta Union High School District, as well as the policies and procedures of the Gateway to College program.
- I understand that Gateway to College students MUST attend classes five days per week, Monday – Friday.
- I understand that the Gateway to College scholarship program is not a fast-track to high school completion. It is an opportunity for completing high school graduation requirements while also earning credits for a college degree or certificate.
- I understand that in order to keep my Gateway to College scholarship, I must make satisfactory progress, participate fully in the program activities, and demonstrate college-ready attitudes and behaviors in order to remain enrolled until I earn my high school diploma or reach 21 years of age.
- I authorize Gateway to College to contact any of the individuals/agencies listed on my application in regard to my scholarship application, educational plans, school behavior, and academic progress.
- I authorize Gateway to College to request my transcripts, academic and behavior records, and test results from my current and former high schools and alternative education programs.
- I authorize Gateway to College staff to discuss my academic progress, performance, and behavior with Shasta College faculty and staff.

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

*I have read and agree to the statements above and, if my student is selected for a Gateway to College scholarship, I hereby grant permission for him or her to enroll in Shasta College and the Gateway to College program. I authorize Gateway to College to contact any of the individuals or agencies listed on my student's application in regard to his or her application, academic plans, school progress, and behavior. I authorize Gateway to College to request my student's transcripts, academic and behavior records, and test results from his or her current and former high schools and alternative education programs. I further authorize Gateway to College staff to discuss my student's academic progress, performance, and behavior with Shasta College faculty and staff.*

Parent /Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Before you turn in this application, did you...

\_\_\_ Answer every question?

\_\_\_ Sign the application? (Parent/Guardian signature is required if under 18)

\_\_\_ Attach your most recent transcript? (Request from your H.S. counselor)

### Return completed application to:

**Gateway to College  
Shasta College  
11555 Old Oregon Trail  
P.O. Box 496006  
Redding, CA 96049-6006**

### For more info call:

530.242.7585  
gtc@shastacollege.edu

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Shasta College does not discriminate on the basis of race, color, national origin, sex, handicap, or age in employment, in any of its educational programs, or in the provision of benefits and services to its students. A lack of English language skills and/or visual and hearing impairment will not be a barrier to admission or participation in any educational program, including Career Technical Education.

[UPDATED 8/1/16]