

## SUMMER APPLICATION INSTITUTE 2010 OVERVIEW

Are you ready to go to college? To help you prepare for the college and financial aid application process, Marin Education Fund offers a program called the **Summer Application Institute**. To be eligible, you need to 1) be a sophomore who will be a junior in Fall 2010 or a junior who will be a senior in Fall 2010; 2) demonstrate financial need; and 3) be first generation in your family to attend college in the United States.

### **The Five Day Dorm Experience:**

This year's Summer Application Institute will be held at Dominican University of California for rising seniors and Sonoma State University for rising juniors from **August 3 - August 7, 2010**. Selected students will stay 5 days and 4 nights in college dormitories. The Institute will include:

- How to choose a college
- How to pay for college
- How to succeed on the SAT/ACT tests
- How to write a winning college & scholarship essay
- A visit to two local colleges & universities

### **The Year Long Program:**

After you attend the Summer Application Institute, you will be paired with a mentor to help guide you through the process of applying for college and financial aid. You will be expected to meet with your mentor **AT LEAST once a month** throughout your junior and/or senior year. Your mentor will help you explore college choices, complete college applications and meet deadlines for college admission and financial aid. You will be required to check in with Marin Education Fund staff and attend workshops and events throughout the year.

### **STUDENT ELIGIBILITY REQUIREMENTS**

We are looking only for students who:

- Live and/or attend a high school in Marin County
- Are from a family with significant financial need
- Are first generation to attend college in the United States

### **APPLICATION & SELECTION**

Students may apply by submitting a complete application by **Monday, March 15, 2010**. **Incomplete applications will not be considered.** An application is considered complete when the following is received:

- Application Form
- Essay
- Student Photo
- Student Signature
- Parent/Guardian Signature
- Recommendation Form
- High School Transcript (*Transcripts are for information only. There is no GPA requirement to participate in the program.*)

**All students who submit a complete application by the deadline and meet the eligibility requirements will be interviewed.**

Marin Education Fund will notify all applicants if they have been selected to participate in the Institute by the **end of April, 2010**.

**APPLICATION  
DEADLINE**

The deadline to submit the application is **Monday, March 15, 2010.**

**Incomplete applications will not be considered.**

**FEE**

**There is no fee for this program. It is free to students.**

**ADDITIONAL INFORMATION & QUESTIONS**

**Submit completed applications to:**

**Summer Application Institute  
Marin Education Fund  
781 Lincoln Ave., Suite 140  
San Rafael, CA 94901  
Fax: 415-459-0527**

**If you have any questions, please call Chase Finney at (415) 451-4016 or e-mail  
[cfinney@marineducationfund.org](mailto:cfinney@marineducationfund.org).**

**You may also visit our Web site at [www.marineducationfund.org](http://www.marineducationfund.org).**

**SUMMER APPLICATION INSTITUTE 2010  
APPLICATION FORM  
DEADLINE: MARCH 15, 2010**

**PART I-STUDENT INFORMATION** (To be completed by the student; *Please print clearly in Black/Blue Ink*)

**Name:** \_\_\_\_\_  
First Middle initial Last

**Mailing Address:** \_\_\_\_\_  
Street Address Apt # City State Zip

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/19\_\_\_\_

**High School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** Female Male

**Ethnicity** (used only for statistical purposes)

- African American/Black  Native American  Latino/Hispanic  
 Asian American/Pacific Islander  White/Caucasian  
 Multiethnic (please specify): \_\_\_\_\_  Other (please specify): \_\_\_\_\_

**Primary Language Spoken at Home?** \_\_\_\_\_

**Please answer the following questions with Yes or No:**

Are you an emancipated minor as determined by a court in your state of legal residence?	Y / N
When you were 13 or older, were both of your parents deceased, were you in foster care, or were you a dependent/ward of the court?	Y / N
At any time on or after July 1, 2009 did you receive an official determination that you are/were an unaccompanied youth who is homeless or at risk of being homeless?	Y / N
Are you currently married?	Y / N
Do you have children or other dependents that receive more than half of their support from you?	Y / N

**PART II-PARENT/GUARDIAN INFORMATION** (To be completed by the parent/guardian(s) with whom the applicant lives with the majority of the time)

**Parent 1 Name:** \_\_\_\_\_  
First Middle initial Last

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Relationship:**  
 Mother/Father  Stepmother/Stepfather  Legal Guardian  
 Foster Parent  Other (please specify): \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_  
First Middle initial Last

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Relationship:**

- Mother/Father                       Stepmother/Stepfather                       Legal Guardian  
 Foster Parent                       Other (please specify):

**Marital Status:**

- Married               Divorced/Separated               Single               Widowed

**Parents' Highest Level of Formal Education in the U.S. (Only biological parents; Indicate one level for each parent):**

- | Parent 1  | Parent 2  |
|---|---|
| <input type="checkbox"/> No High School             | <input type="checkbox"/> No High School             |
| <input type="checkbox"/> Some High School           | <input type="checkbox"/> Some High School           |
| <input type="checkbox"/> High School Graduate/GED   | <input type="checkbox"/> High School Graduate/GED   |
| <input type="checkbox"/> Some College/University    | <input type="checkbox"/> Some College/University    |
| <input type="checkbox"/> Two-Year College Graduate  | <input type="checkbox"/> Two-Year College Graduate  |
| <input type="checkbox"/> Four-Year College Graduate | <input type="checkbox"/> Four-Year College Graduate |
| <input type="checkbox"/> Post Graduate Study        | <input type="checkbox"/> Post Graduate Study        |
| <input type="checkbox"/> Unknown                    | <input type="checkbox"/> Unknown                    |

**Parent's Household information:**

Total number of people in household (including applicant, parent/guardians(s), dependent children and other dependents): \_\_\_\_\_

Total number of people in household in college (not including parent/guardian(s)): \_\_\_\_\_

<b>Did anyone in your household receive the following benefits in 2009? Check all that apply:</b>		
	Supplemental Security Income (SSI)	<input type="checkbox"/>
	Food Stamp Program	<input type="checkbox"/>
	Free or Reduced Price Lunch Program	<input type="checkbox"/>
	Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/>
	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>

I hereby give \_\_\_\_\_ permission to attend the Summer Application Institute.  
(student's name)

(Le doy permiso a mi hijo/a, \_\_\_\_\_, para participar en el Summer Application Institute.)  
(nombre del estudiante)

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Firma de Padre/Guardián) (Fecha)



## SUMMER APPLICATION INSTITUTE 2010 RECOMMENDATION FORM

### Part II-Recommendation

This form is to be completed by a high school counselor, teacher, advisor, or someone (non-relative) who has personal knowledge of the student applying to the Summer Application Institute and who can attest to the student's academic potential, desire for postsecondary education, and perseverance necessary to accomplish his/her goals.

Student's Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Recommender's Address: \_\_\_\_\_

Recommender's Phone Number: (    ) \_\_\_\_\_ What is the best time to reach you? \_\_\_\_\_

1) What is your relationship to the applicant?

2) How well and how long have you known the applicant?

3) How would rate this student in terms of their readiness for college? (Scale of 1-5, 5 being highest)

1

2

3

4

5

4) Mentoring is a major component of our program and it requires students to meet with their college and financial aid mentors at least once per month. In addition, students are required to follow-up with Marin Education Fund staff and their mentors with phone calls and e-mails on their progress. Based on your experience with this student, describe the student's level of commitment and ability to follow through?

5) In your opinion, could this student benefit from a mentor?

**6) What are the student's strengths/achievements?**

**7) What challenge(s) do you anticipate this student experiencing in the college application process?**

**8) What kind of support or resources do you think the student will need to enroll in college?**

**9) Additional Comments (please address anything that has not already been said in the above comments):**

**Recommender's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FINANCIAL INFORMATION

This section is to be completed by the student's parent/guardian or whomever the student lives with. This information is strictly confidential and for our use only. Refer to your 2008 tax return (1040, 1040A, or 1040EZ) if 2009 is unavailable. You may also use your W-2 form or most recent pay stub. If you need assistance completing this section, please call us at 415.459.4240. *Shaded areas may be left blank.*

2009 Income and Asset Category (Annual)	Parent(s)	Student
<b>Adjusted Gross Income</b> (1040 – line 37; 1040A – line 21; 1040EZ – line 4)	\$	
<b>Wages, salaries, tips, etc</b> (1040 – line 7; 1040A – line 7; 1040EZ – line 1)	Parent 1: \$	\$
	Parent 2: \$	
<b>Welfare benefits</b>	\$	
<b>Food stamps, housing assistance and other living allowances</b>	\$	
<b>Child support received</b>	\$	
<b>IRA and/or Keogh payments received</b> (1040 – line 15b + 16b; 1040A – line 11b + 12b; 1040EZ – N/A)	\$	
<b>Social security benefits</b> (1040 – line 20a; 1040A – line 14a; 1040EZ – N/A)	\$	
<b>Other income</b> (i.e. Earned Income Credit, additional child tax credit, basic military housing benefits, combat pay)	\$	
<b>Child support paid</b>	\$	
<b>U.S. income tax</b> (1040 – line 56; 1040A – line 35; 1040EZ – line 11)	\$	
<b>Medical and dental expenses not covered by insurance</b>	\$	
<b>Total value of cash, checking and savings accounts</b> (average balance after monthly expenses have been paid)	\$	\$
<b>Total value of assets held in the names of the student's sisters or brothers</b>	\$	
<b>Home equity</b> (current value of home <i>MINUS</i> what is owed on the mortgage)	\$	
<b>Value of other real estate (not including home) and other investments</b>	\$	
<b>Business equity – only report if business has more than 100 employees</b> (current value of business minus what is owed)	\$	
<b>Farm Equity – only report if you DO NOT live on the farm</b>	\$	
<b>Trust value (student only)</b>		\$
<b>As of today is either parent a dislocated worker?</b> (receiving unemployment benefits due to being laid off or losing a job)	<b>YES</b>	<b>NO</b>

## INFORMACIÓN FINANCIERA

Esta sección debe ser completada por el padre/guardián del estudiante o por la persona con quien el estudiante vive. Esta información es confidencial. Se puede usar su declaración de impuestos de 2008 (1040, 1040A, o 1040EZ ) si la de 2009 no está disponible. También se puede usar las formas W-2 o su último talón de cheques. Si usted necesita ayuda llenando esta sección, por favor llámenos a 415.459.4240. *Las áreas sombreadas deben dejarse en blanco.*

Categoría de Ingresos y Bienes para 2009 (Anual)	Padre(s)	Estudiante
<b>Ingreso Bruto Ajustado</b> (1040 – línea 37; 1040A – línea 21; 1040EZ – línea 4)	\$	
<b>Sueldos, salarios, propinas, etc.</b> (1040 – línea 7; 1040A – línea 7; 1040EZ – línea 1)	Padre 1: \$	\$
	Padre 2: \$	
<b>Asistencia social</b>	\$	
<b>Programa de cupones para alimentos</b>	\$	
<b>Pensión recibida para hijos menores</b>	\$	
<b>Pagos deducibles hechos ó cuentas personales de jubilación y a planes de jubilación para personas empleados por cuenta propia (IRA/Keogh payments received)</b> (1040 – línea 15b + 16b; 1040A – línea 11b + 12b; 1040EZ – N/A)	\$	
<b>Beneficios de Seguro Social</b> (1040 – línea 20a; 1040A – línea 14a; 1040EZ – N/A)	\$	
<b>Cualquier otro ingreso</b> (por ejemplo, paga por combate, créditos tributarios para la educación, etc.)	\$	
<b>Pensión pagada para hijos menores</b>	\$	
<b>Impuesto sobre sus ingresos</b> (1040 – línea 56; 1040A – línea 35; 1040EZ – línea 11)	\$	
<b>Gastos médicos o dentales no cubiertos por su seguro</b>	\$	
<b>Saldo de efectivo, y de cuentas de ahorros y corrientes</b> (después de pagar los gastos mensuales)	\$	\$
<b>El valor total de bienes bajo el nombre del hermano ó hermana del estudiante</b>	\$	
<b>El valor actual de su casa <i>MENOS</i> lo que debe (Home Equity)</b>	\$	
<b>Propiedades de bienes raíces (no incluyendo su casa)</b>	\$	
<b>Valor actual de su negocio menos lo que debe (Business Equity)</b> (No incluya el valor si la empresa tiene menos de 100 empleados)	\$	
<b>Valor actual de fincas agrícolas (Farm Equity)</b> (No incluya el valor si vive en la finca)	\$	
<b>Fondo de inversiones (Trust value)</b> (estudiantes solamente)		\$
<b>A la fecha ¿es alguno de los padres trabajador desplazado?</b> (recibe compensación por desempleo a causa del despido o de la pérdida de su puesto de trabajo)	<b>SI</b>	<b>NO</b>