bayarea POCIS
People Of Color in Independent Schools

Seventh Annual: High School Senior Scholarship
2009 – 2010

Student Information Form

Please type or print clearly.

Name: _____
First Middle Last

Parent/Guardian(s) Name(s): _____

Mailing Address: _____

City: _____, CA Zip: _____

Email: _____

Home Telephone: _____ Cell Phone: _____

Ethnicity: _____ Birth date: _____

Current School: _____

Head of School's Name and Email: _____

Advisor's Name and Email:

Colleges you are applying to (include City and State) and intended Major: _____

_____

The information above and enclosed in the Scholarship packet is accurate and complete. If awarded the scholarship, I give POCIS permission to post my information and photo on its website and newsletters for publication.

_____ _____
Student Signature Date

Please submit Student Information Form, Statement of Purpose, Photo, and Two Letters of Recommendations by ***Friday, February 5, 2010*** *to:*

You are encouraged to send all material electronically.
Email: pocis.scholarship@gmail.com
Subject line: POCIS Scholarship
OR
POCIS
Attention: Scholarship Committee
PO Box 18828
Oakland, CA 94619