



**PACIFICA FOUNDATION SEATTLE Scholarship Program Application Package for  
Living Allowance (i.e., room, transportation, grocery) – *Taxable for recipient***

Dear Applicant,

Thank you for your interest in PACIFICA FOUNDATION SEATTLE Scholarship Program. Please fill out the application form completely. Please ensure that all supporting documents along with your application are submitted via email to [scholarship@acaciafoundation.org](mailto:scholarship@acaciafoundation.org) before August 15, 2021. Any falsification, misrepresentation, or omission may disqualify your application. Information you provide is confidential and will not be shared with any other person or company for any purpose. Unsigned and incomplete applications may result in denial of your application.

The application for the scholarships is open throughout the year depending on the availability of funds. In order to be considered for PACIFICA FOUNDATION SEATTLE Scholarship Program, an applicant must submit all required documents as one package to the committee. Applicants will be notified if they have been selected based on the timeline provided at our website: <https://www.pacificafoundationwa.org/scholarships>

Please either type or print clearly using black or blue ink.

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of birth:** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Ethnicity:** ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Asian  
☐ Others ☐ I do not wish to disclose

**Permanent address:** \_\_\_\_\_  
(Street & House/Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please provide information regarding your current and previous schools.

**Current School:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

**Previous School:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

**Employment:**

Employer: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Hourly/Monthly/Annual Income: \_\_\_\_\_

Have you ever been or are you currently on academic probation? ☐No ☐Yes If yes, explain:

\_\_\_\_\_

Do you have any other scholarship or receive financial aid? ☐No ☐Yes. If yes, please provide the amount and name of the institution.

\_\_\_\_\_

Please list, if any, any honors, awards, or special achievements (both academic and extracurricular):

\_\_\_\_\_

\_\_\_\_\_

Please list, if any, your talents, interests, hobbies, club memberships, and activities:

\_\_\_\_\_

\_\_\_\_\_

## INFORMATION ABOUT YOUR PARENTS OR LEGAL GUARDIAN

Title (circle one):    Mr.    Mrs.    Ms.    Miss    Dr.

Full name: \_\_\_\_\_

Relationship to applicant:    ☐ Father    ☐ Mother    ☐ Legal Guardian

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_    Annual Income: \_\_\_\_\_

Applicant lives with:    ☐ Mother    ☐ Father    ☐ Both    ☐ Other: \_\_\_\_\_

PACIFICA FOUNDATION SEATTLE Scholarship Program  
Application Package

1. Application form (Above)
2. Resume
3. Copy of a document showing your legal status of the applicant in the U.S.
4. Most recent Official Transcript or acceptance letter to an accredited educational institution in the State of Washington.
5. Proof of identification (driver's license, passport, or national ID card).
6. Two letters of recommendation confirming your compliance with the eligibility requirements.
7. An essay summarizing your opinion on Pacifica Foundation Seattle values as well as any other information that you deem important for the scholarship committee to consider.
8. Any official document and/or a personal letter demonstrating your need for a financial aid (e.g., your or your family's tax return documents).
9. Proof of income from the employment (if any)

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if the applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
For office use only

Received by: \_\_\_\_\_

Date: \_\_\_\_\_