



THE SARI WADE MEMORIAL SCHOLARSHIP

ELIGIBLE RECIPIENTS:

The City Youth Now Scholarship Funds are to be used for tuition, books, registration fees, or other appropriate expenses related to the pursuit of an advanced educational degree, advanced job training which is directly linked to employment, or entrepreneurship endeavors which enable youth to start or maintain their own businesses.

- A. Eligible youth must be under the jurisdiction of the San Francisco Juvenile Court System or recently emancipated youth.

REFERRAL PROCESS:

The Sari Wade Memorial Scholarship is bestowed upon a youth who was a ward of the San Francisco Foster Care System and who is continuing their education beyond high school. The scholarship was created in loving memory of former board member and Child Welfare Worker who dedicated more than thirty-eight years to assist youth in the foster care system. Sari Wade was a dedicated youth advocate, beloved board member, and voice of wisdom on behalf of San Francisco foster children. One of Sari's many passions was the pursuit of higher education, so in her honor City Youth Now recognizes and awards an outstanding youth who has emancipated from the foster care system and is attending college or university.

Eligible youth must be referred by Child Welfare Workers, Deputy Probation Officers, CASA workers, Attorneys or youth advocates.

Referrals will be screened by City Youth Now and, through their processes, recipients will be selected.

Submit or mail completed application to:

City Youth Now
375 Woodside Avenue
San Francisco, CA 94127
415.753.7576
415.682.0126 fax

I understand the eligibility requirements and I meet all of them.

Youth Signature: _____ Date: _____

APPLICATION DEADLINE:

Application must be received in the City Youth Now office by 5:00 p.m. on the third Monday of February each year.

APPLICANT: (TYPE OR PRINT)

Full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: () _____ Date of Birth: _____

E-mail address (if you have one): _____

EDUCATION HISTORY:

High School Record

Class of: _____ School Name: _____

Grade Point Average: _____

University or Continuing Education Record

Class of: _____ School Name: _____

Area of Study: _____

Grade Point Average: _____

PERSONAL RECORD:

A. List school and community organizations in which you are **now** active (include dates.)

LETTER OF RECOMMENDATION:

Attach a letter of recommendation from your probation officer, high school counselor, teacher, employer or a representative from a community-based organization who can address your potential for success in college, personal character, attitude, leadership skills, and challenges in meeting goals.

Please List any individual grants or support provided by City Youth Now:

I support the application of this youth for the City Youth Now Scholarship.

Application initiated by:

Social Worker Probation Officer CASA Attorney Youth Advocate

Initiator's Name (please print): _____ Phone: _____

Initiator's Agency: _____

Address: _____

Initiator's Signature: _____ Date: _____