



## **Sari Wade Memorial Scholarship Application**

### **BACKGROUND:**

The Sari Wade Memorial Scholarship is a \$1,500 scholarship for a youth who is (or was) a ward of the San Francisco Foster Care System. The scholarship was created in loving memory of former board member and Child Welfare Worker, Sari Wade, who dedicated more than 39 years to assist youth in 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 an outstanding youth who is committed to pursuing a higher education, this award.

### **ELIGIBLE RECIPIENTS:**

These City Youth Now Scholarship Funds are specifically for a young person who is, or was, a ward of the San Francisco Foster Care System and who is continuing their education beyond high school. These funds are to be used for tuition, books, registration fees, or other expenses related to the pursuit of an educational degree, advanced job training which is directly linked to employment.

Eligible youth must be or have been wards of the San Francisco Foster Care System and will be considered if they are:

- A. Receiving support under AB 12;
- B. Previously a foster youth;
- C. Currently a foster youth.

### **REFERRAL PROCESS:**

Eligible youth must be referred by Social Workers (Child Welfare Workers), CASA workers, attorneys or other youth advocates who are in good standing at the time that referrals are made.

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

### **APPLICATION DEADLINE:**

Application must be received in the City Youth Now office by 5:00 p.m. March 22, 2017.

**APPLICANT: (TYPE OR PRINT)**

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

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

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

Telephone number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**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: \_\_\_\_\_

**College or Vocational Program Applied to/Expected to Attend:**

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL RECORD:**

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

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B. List school and community organizations in which you were active *in the past* (include dates.)

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C. List extra-curricular activities that you have engaged in and describe how your participation has affected you (sports, arts, music, martial arts, internships, etc...)

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**PERSONAL STATEMENT:**

Write a personal statement about your career goals, the program/school you wish to attend, your involvement with high school or community service, your personal and/or academic accomplishments, any educational or economic challenges you face in meeting your college goals, and any other pertinent information. *Please attach statement.*

**LETTER OF RECOMMENDATION:**

Attach a letter of recommendation from your social worker, 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.

**Submit or mail completed application to:**

**City Youth Now**  
375 Woodside Avenue, Room 201  
San Francisco, CA 94127  
415.753.7576  
415.682.0126 fax

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Scholarship will be presented at the 67th City Youth Now Spring Gala on April 21<sup>st</sup>, 2017. Will you be able to attend the presentation?*  Yes  No

**I support the application of this youth for the Sari Wade Memorial Scholarship.**

This youth is:

- Currently in foster care  Formerly in foster care
- Currently in AB 12  Other: \_\_\_\_\_

Social Worker Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_