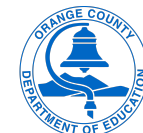




AVID SCHOLARSHIP INFORMATION

Orange County AVID Seniors



Stefan Bean, Ed.D.
County Superintendent of Schools

AVID Teachers

- ☐ Nominate one (1) AVID 12th grade student per 15 students enrolled in the AVID senior course*
- ☐ In addition to those nominated, ensure that the AVID Senior Standout submits an AVID Scholarship application via OCCF

*For example, if you have 35 AVID 12th grade students enrolled at the site, the AVID Teacher will nominate two (2) students and one (1) AVID Senior Standout (total of three (3) applications submitted).

MINIMUM SCHOLARSHIP REQUIREMENTS FOR NOMINEES:

- ☐ Current enrollment in the AVID Elective class
- ☐ 3 years in AVID (including grade 12), middle school AVID counts
- ☐ 3.0 unweighted Grade Point Average (grades 9-11)
- ☐ On track to complete the CSU/UC "A-G" requirements

ADDITIONAL CONSIDERATIONS WHEN SELECTING NOMINEES:

- Transcript provides evidence of an increase in rigorous academic experience over time
- At least 1 AP, IB, or college transferable course
- Community service and/or extracurricular activities that demonstrate an impact as evidenced by responses to the short essay
- Demonstration of progressive leadership

DETAILS:

- Online applications without uploaded transcripts and signed Authorization and Release forms are incomplete and will not be eligible for a scholarship award
- Reporting any false information will forfeit your application

TO APPLY:

<https://scholarshipamerica.org/scholarship/ocavid/>

Directions

1. Select website above to apply
 2. Select Hyperlink to apply for AVID Scholarship 3.
- Select sign up to create an account -
Do not use a school email address
4. Select AVID Scholarships

DUE DATES

December 15, 2025 @1 pm

1. Online OCCF and AVID Supplemental Student application with uploaded transcript and signed Authorization and Release form
2. AVID Teacher Application Review Form

REMEMBER:

COMPLETED AVID SENIOR SCHOLARSHIP APPLICATION MUST INCLUDE:

- Submission of the online application
- Uploaded transcript. **Transcripts must include the school name, applicant name, courses names and grades for 9-11, and fall and spring course enrollment for grade 12.**
- Submission of the AVID Teacher Nomination form for each nominee with uploaded signed Authorization and Release Form



Use this template as a reference guide when preparing for your online application.



Stefan Bean, Ed.D.
County Superintendent of Schools

AVID Orange County 2025-26 Community Scholarship Application

<https://scholarshipamerica.org/scholarship/ocavid/>

Application to be completed by the **AVID student!**

ACCOUNT SETTINGS

First Name:

Last Name:

Email:

PERSONAL INFORMATION

Date of Birth (mm/dd/yy):

Street Address:

Address (line 2):

City:

State:

Zip:

Country:

Primary Phone:

Gender: Man _____ Woman _____ Transgender _____ Non-binary/non-conforming _____

Prefer not to respond _____

With which race/ethnicity do you closely identify? (Choose 1)

__American Indian __Asian __Black/African American __Caucasian __Latino/Hispanic __Pacific Islander

PROFILE INFORMATION

Current Grade Level:

Cumulative GPA (4.0 Scale):

Post-secondary school type you plan to attend:

What year do/did you complete high school/ secondary school:

Field of Study:

Are You a First-Generation College

Student?: _____YES _____NO

Upcoming Academic Year Level:

ADDITIONAL APPLICANT INFORMATION

How did you hear about the scholarship?:

Do you reside in Orange County, CA?: _____YES _____NO

Have you completed the last three years of high school in Orange County, CA?: _____YES _____NO

Are you currently enrolled in AVID elective class?: _____YES _____NO

Have you been involved in AVID for at least 3 years?: _____YES _____NO

Select all grades you were enrolled in AVID.: _____

Do you qualify for the California Nonresident Tuition Exemption (AB 540)?: _____YES _____NO

Do you have a disability or access need?: _____YES _____NO

PARENT/GUARDIAN OR ALTERNATE CONTACT

Provide information about your parent/guardian or an alternate contact.

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian Phone:

Parent/Guardian Email Address:

What is the relationship to the applicant?:

HIGH SCHOOL INFORMATION

High School Name:

High School City:

High School State:

High School Graduation Month:

High School Graduation Year:

Optional: Does Your Transcript Provide a Class Rank?: _____YES _____NO

Optional: Highest SAT
Evidence-Based Reading & Writing
Score:

Optional: Highest SAT Math Score:

Optional: Highest ACT Composite
Score:

POSTSECONDARY SCHOOL INFORMATION

Provide information about the postsecondary school you plan to attend for the upcoming academic year. If you are undecided or your enrollment status is unknown, select your first Preference.

When using the "Find your school" function, US/Canada students please select the State/Province where the school is located and enter a Keyword from the name of the school. Select school from the resulting list. Students attending school outside of US/Canada, use the Keyword search only and select from the resulting list. If your school is not found, select the School Not Listed option and complete all of the school fields.

College Name:

College City:

College State:

College Type:

Expected College Graduation Month:

Expected College Graduation Year:

Degree Sought:

Major/Course of Study:

SELF-DECLARED GPA

If you are currently a high school senior or have not yet completed one full term of postsecondary education, provide your cumulative grade point average from grades 9-12. Enter your cumulative High School grade point average on a 4.00 scale. If you are currently in college/postsecondary school and have completed at least one full term, enter your cumulative postsecondary grade point average on a 4.00 scale. **Cumulative GPA on a 4.00 Scale.**

Cumulative GPA (4.0 Scale):

GPA Type:

WORK EXPERIENCE

List your paid work experiences during the past four years (examples: food server, cashier, babysitter, yard work, office work). For each position, indicate dates of employment, total number of months worked, and the average number of hours worked each week. **To report additional jobs, click the Add Another button. You may report up to 8 work experiences.**

Employer and/or Position	Starting Month/Year	Are you still employed?	Ending Month/Year	Total Number of Months Worked	Number of Hours Employed Per Week

SCHOOL ACTIVITIES, AWARDS, AND HONORS

Tell us about your school and volunteer (unpaid) community activities during the past four years (examples: student government, sports, music, Scouts, hospital volunteer, coaching). For each activity, indicate the academic years of participation, leadership positions or offices held, and awards and honors received. If participation was only during summer months, mark the academic year following the summer of participation.

Report each activity separately. **To report additional activities, click the Add Another button.** Enter Community Volunteer Service (not school related) in the section below this one.

Activity Name:	Years Participated:
Leadership Position/Office Held for this Activity:	Leadership Years:
Additional Leadership Position/Office Held:	Additional Leadership Years:
Award/Honor Received for this Activity:	Award Years:
Additional Award/Honor Received:	Additional Award Years:

Activity Name:	Years Participated:
Leadership Position/Office Held for this Activity:	Leadership Years:
Additional Leadership Position/Office Held:	Additional Leadership Years:
Award/Honor Received for this Activity:	Award Years:
Additional Award/Honor Received:	Additional Award Years:

COMMUNITY AND VOLUNTEER SERVICE

Tell us about your non-school related community and volunteer service.

Organization Name:	Starting Month:	Starting Year:	Ending Month:	Ending Year:	Total Hours Volunteered:

ESSAYS

GOALS STATEMENT

Tell us about your educational and career goals and objectives.

(Please limit your response to 1,000 characters, approximately 250 words). If you need technical help to complete the essay responses, click the link below.

(This will open a new tab or window.)

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, your work experience, or your participation in school and community activities.

(Please limit your response to 1,000 characters, approximately 250 words).

FINANCIAL INFORMATION FORM

Complete the financial instructions below for the parent(s) if the student applicant is claimed as a dependent. If the applicant is independent, the financial data is to be completed by the applicant.

Review the Financial Information Instructions for detailed information on each section. If necessary, a separate printed Financial Data Form (PDF) may be submitted if parents cannot submit jointly. The parent who claims the dependent child as a dependent for tax purposes must provide the information below.

Enter whole numbers only. Do not use symbols, commas, or decimals.

Dependency Status

☐ **Dependent**

☐ **Independent**

State of Residence: _____

Adjusted Gross Income: _____

Total Federal Tax Paid: _____

Total Income of Parent/Guardian or Applicant (if independent): _____

Total Income of Other Parent or Spouse (if independent): _____

Yearly Untaxed Income and Benefits: _____

Medical and Dental Expenses Not Paid By Insurance: _____

Total Amount of Cash, Checking, Savings and Cash Value of Stock: _____

How many family members are living in the household and primarily supported by the reported income?: _____

Marital Status of Parent or Self (if independent): _____

How many family members (including the applicant but not the parents) are attending college at least half-time during the upcoming school year?: _____

CERTIFICATION AND SIGNATURE

You, the applicant, are responsible for accurately completing the entire application and submitting it by the application deadline date.

"By submitting this application, I acknowledge Scholarship America has the sole responsibility for selecting finalists and Orange County Community Foundation has the sole responsibility for selecting recipients based on criteria set forth in the program guidelines and decisions are final. Once submitted, this application becomes the property of Scholarship America and Orange County Community Foundation. I understand that Scholarship America will use the personal data collected in this application for the purpose of reviewing applications and candidates and selecting scholarship finalists and will process this data in compliance with the Scholarship America Privacy Policy. Collected data will be shared only with Orange County Community Foundation for the selection of recipients and for the administration and promotion of the program. I understand that I may withdraw my consent to the processing of personal data by Scholarship America at any time by contacting Scholarship America, as provided in their Privacy Policy, but that doing so will impact Scholarship America's ability to consider my application. All application data will be stored for a period of up to seven (7) years after the last update to this data or for such terms as necessary to comply with applicable laws. I certify I meet eligibility requirements of the program and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and letters/documentation from the organizations with which I am involved. Falsification of information may result in termination of any award granted.

By typing my name, I agree to the terms and conditions for submitting an application to the AVID Scholarship Programs. I understand this is an electronic signature that has the same legal authority as my handwritten signature." Sign the application by typing names and dates below.

I agree to share my contact information, including name, address, phone number, and email with Orange County Community Foundation for publicity.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

LETTERS OF RECOMMENDATION

Applicants are required to provide the email address of a current or former AVID Teacher.

Provide Recommender email address

Recommender:

Email Address:

AVID Teacher

YOUR DOCUMENTS

You will be required to upload a current transcript (Not an aeries printout).

Authorization and Release Form

STUDENTS: Please return this paper to your teacher. We must have a signature (not typed name). If you are under 18 years of age, a parent/guardian MUST sign the form.

TEACHERS: Submit this paper to the AVID Scholarship Nomination Form.

AUTHORIZATION TO USE LIKENESS AND MATERIALS

I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Angels Baseball, Angels Baseball Foundation, AVID Center and Orange County Community Foundation to use my photograph and application in any material promoting the AVID program and/or Orange County Community Foundation.

Full Name of Applicant (Print or type):

Applicant's Signature:

Date:

Print Parent/Guardian's Name:

(If under 18 years of age):

Parent/Guardian's Signature:

Date:

RELEASE OF INFORMATION AUTHORIZATION

I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Scholarship America, Angels Baseball, Angels Baseball Foundation, AVID Center and Orange County Community Foundation to receive all educational and financial records from my file, including evidence of enrollment, class schedules, quarter or semester grades/transcripts, units completed, cumulative grade point average, and evidence of financial need. I authorize this release to be in effect during all years in which I am enrolled as an undergraduate student or that I am an active recipient of an AVID Scholarship.

I certify that I have considered each question carefully and that my statements are true and completed to the best of my knowledge.

Name of Anticipated College/University:

College City:

College State:

Applicant's Signature:

Date:

Date of Birth (mm/dd/yy):

Print Parent/Guardian's Name:

(If under 18 years of age):

Parent/Guardian's Signature:

Date: