



2017 SCHOLARSHIP APPLICATION FORM

Guidelines and Procedures

1. This application form must be completed in full and received in our office by the deadline of 5:00 p.m. Wednesday, March 17, 2017.
2. The following must accompany the application:
 - Copy of current official transcript from your accredited high school, college or university.
 - Evidence of acceptance and intention to enroll for Fall 2017 term at an accredited college or university (or verification of current full-time enrollment if currently attending college or university).
 - A typed, 300-word essay describing your career objectives and the benefits to be gained from this financial award.
3. Applicant must have maintained - and document - a cumulative grade point average of 3.0 (includes high school and all colleges attended).
4. Applicant must be a resident of Placer County, California for at least one year, or be a relative of a PCAR Member or Affiliate and have a valid California Driver's License or California State Identification Card.

Type or use black or blue ink only. Print neatly. Attach additional sheet(s) if space is needed.

Section A – Applicant’s Identification Information

Date of Application: _____

1.	Your Name:		
2.	Current Mailing Address:		
	Permanent Mailing Address:		
3.	Home Phone: ()	Cell Phone: ()	
4.	Email:	7.	State of Residence:
5.	Date of Birth: / /	8.	Proof of Residence (State ID, Drivers Lic. #):
6.	What is your current academic standing? <input type="checkbox"/> High School <input type="checkbox"/> College/University <hr/> <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Other (_____) <input type="checkbox"/> Junior		9.
		Are you a resident of Placer County? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Name(s)/relationship of past or present PCAR Member to whom you are related:	

SECTION B - Applicant’s Education Information

10. List all high schools, colleges, universities and/or technical schools that you have attended. Begin with the high school, college, or university you are currently attending.

Name of High School/College/University	From	To	Major/Degree	GPA

11. What is your degree objective? Certificate Associate (AA) Bachelor (BA/BS) Other

12. Date which you expect to complete this objective: Month: _____ Year: _____

13. Your current enrollment status: Full-time (12 or more units) Part-Time (less than 12 units)

14. In which specific field are you planning your career? _____

15. List any scholarship(s) you have received within the last four years: _____

16. List any real estate classes you've completed or in which you are currently enrolled: _____

17. List any real estate classes you plan to take: _____

18. How did you learn of the PCAR Foundation scholarship? _____

SECTION C - Applicant's Financial Information (Additional information may be requested)

21. Can you be claimed as a dependent on someone else's tax return? Yes No

22. How will your tuition and living expenses be paid? _____% Family _____% Work
_____% Scholarships/Grants _____% Other: _____

23. Total Household Income in current year: 0-\$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000
 \$75,000 - \$100,000 \$100,000 or above

24. List the applicant's current savings, trust funds or other assets: _____

25. Applicant Employment Record (List current employer first)

Company:	From:	To:	Salary:
Address:	Supervisor:		
Phone Number:	Job Title:	Hrs/week:	
Reason for Leaving:			
Company:	From:	To:	Salary:
Address:	Supervisor:		
Phone Number:	Job Title:	Hrs/week:	
Reason for Leaving:			

SECTION D - Applicant's Extracurricular Activities (Attach a separate sheet if additional space is needed)

26. Club Memberships: _____

27. Sports: _____

28. Fraternity/Sorority/Professional Societies: _____

29. College/High School Government Involvement: _____

SECTION E – References – Three references are required. At least two must be academic references and the third may be academic or a personal reference. Your references must sign the application. Letters of referral are welcome but not required.

1. Instructor's Name:	Position: Instructor of
Signature:	Phone Number: ()
2. Instructor's Name:	Position: Instructor of
Signature:	Phone Number: ()
3. Instructor's Name:	Position: Instructor of
Signature:	Phone Number: ()

By signing this application, I certify that all the information I have provided is true and correct to the best of my knowledge. I understand that falsification of any portion of this application is grounds for my withdrawal from consideration.

Signature of Applicant: Date: _____ Date: _____

**APPLICATION FILING DEADLINE: WEDNESDAY, MARCH 17, 2017 @ 5:00 p.m.
NO LATE APPLICATIONS WILL BE ACCEPTED.**

Please submit your completed application and supporting materials to the following address:



PCAR Foundation
 270 Technology Way, Ste 100
 Rocklin, CA 95765
 Tel: (916) 624-8271 Fax: (916) 624-8023
 Email: dean@pcaor.com
 Attn: Dean Anderson, Executive Vice President

FOR OFFICE USE ONLY

Date Application Received: _____ Reviewed for Completion by: _____

Follow Up: _____
