



# The Student Mentor Project

Students Changing Lives of Students

## The Student Mentor Project Scholarship Application

Please fill out this application carefully. Incomplete and/or illegible applications will not be considered. Applications must be postmarked by May 30 for the following Fall Semester.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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Home Address:      #/Street Name      City      State      Zip

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Home Phone #      Cell Phone #      Email address

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Date of Birth      High School attended      Graduation Date

Other Financial Aid you have applied for:

<u>Name of Organization</u>	<u>Amount Applied For</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach your Student Aid Report (SAR), which will provide us with information on your financial resources. You will receive your SAR after completing the FAFSA. You may go to [www.FAFSA.ed.org](http://www.FAFSA.ed.org) for more information.



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On a separate sheet of paper, please type your responses to the following. Please do not exceed two pages in length, total.

1. Tell about your background, explaining why you believe a good positive mentor in early childhood is critical to future success.
2. Describe the extracurricular high school and freshman year in college activities and volunteer community services you have participated in. Also describe any paid jobs you may have held.
3. Describe how this scholarship will be beneficial to you.
4. Describe your short and long term goals.

I certify that the information contained in all the materials submitted within this application is, to the best of my knowledge, true and correct. I give permission to the TSMP to verify and review the information provided and documentation included in my entire application. I am aware that any intentional falsification will result in the denial of the application. I am also aware that the scholarship may be revoked if I fail to meet the requirements of this application. I also agree to notify TSMP if my plans regarding college attendance change after I submit my application. I understand that should I be granted a scholarship, my name, photo and other personal information may be used in information provided to the public.

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

\_\_\_\_\_

Printed name: \_\_\_\_\_

Signature of parent for minors under age 18:

\_\_\_\_\_

How did you hear about the TSMP scholarship?

***Return completed application to address below.***

PO Box 5733, Berkeley, California 94705  
[www.studentmentorproject.org](http://www.studentmentorproject.org)