

Bay Area Gardeners Scholarship Foundation

2019

BAGSF Scholarships

BAGSF provides financial support to low-income, underserved and underrepresented students who are pursuing a college education. Additionally undocumented students are encouraged to apply.

Yearly, BAGSF awards thirty scholarships of \$2,000; two of the thirty recipients who display community involvement and who excel academically and are children of a gardener will receive an additional \$1,000 (Tapia Family Award of Excellence). BAGSF is open to high school seniors expected to graduate in spring 2019, high school graduates, GED recipients, students currently attending college for a bachelor's, post-graduate or professional school degree. Each year, new and past applicants can apply using the most current year's application.

ELIGIBILITY

- **Financial need –**
- **Academic achievement**
- **Community involvement:** between June 2018- April 15, 2019 students **must complete 25 volunteer hours** at one or more community organizations
- **Minimum 2.5 weighted GPA**
- **Reside** in the counties of **San Francisco, San Mateo, or Santa Clara**
- **College applicant:** must be enrolling or attending college in the fall 2019
- **High school applicant:** must be graduating in the 2018-2019 academic year
- **Returning student applicant: (including** those who did not go directly from high school to college and those who took a break before college graduation) must be enrolling or attending college in fall 2019

COMMITMENTS

All BAGSF recipients are required to:

- **Attend Student Rehearsal Day:** Scholarship recipients receive instructions for the 13th Anniversary Recognition & Fundraiser Dinner and meet our founder and board members. Date: Saturday May 25, 2019.
- **Attend 13th Anniversary Recognition & Fundraiser Dinner:** Scholarship recipients are recognized and each will personally receive a scholarship check. Date: Saturday June 22, 2019

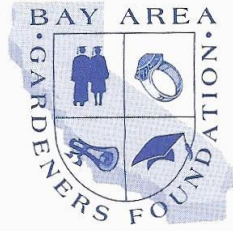
(Mandatory to be present for these two events, if not, SCHOLARSHIP will NOT be awarded!)

- **Complete volunteer form:** provided by BAGSF (page 5 of application)
- **Volunteer 5 hours for BAGSF**
- **Complete two BAGSF progress reports each scholarship year.**

Mailing Address: BAGSF P. O Box 3446, Redwood City CA 94064
Physical Address: 727 Industrial Road, Ste. 117 San Carlos, CA 94070
Phone number: (650) 631-1200
Website: www.bagsf.org

IMPORTANT!

KEEP FOR YOUR REFERENCE



Bay Area Gardeners Scholarship Foundation

APPLICATION CHECKLIST

Required documents and application must be submitted in one package. (Failure to comply with any of the requirements will result in automatic disqualification.)

**2019 Application must be postmarked or hand delivered by
Tuesday April 16, 2019 by 5:00pm.**

- 2019 BAGSF Scholarship Application. Submit pages 3, 4, 5, 7 from application
- 500 Word Essay:
 - TYPED, DOUBLE SPACED
 - Times New Roman
 - 12 point font.
- 2 Letters of Recommendation - must be sealed and signed by recommender
- Most recent high school/ college transcript
- Current individual / family Federal Tax Return (please include all pages)
If Federal Tax not filed for 2018 or 2017 provide **one** of the following:
 - The most current paystubs. (3 months from all jobs)
 - Letter from each current employer that includes date hired and most recent month's wages as well as employer's contact information.
- COLLEGE STUDENT:** proof of enrollment for fall semester 2019 (eg. Class schedule or enrollment/registration)
- HIGH SCHOOL STUDENT:** Letter of acceptance from an accredited institution of higher education or vocational institution. (If one has not yet been received at the time of application submission, it must be forwarded to BAGSF when received.)
- RETURNING STUDENT:** proof of enrollment for fall semester 2019

**For questions, contact BAGSF at 650-631.1200
or email at bagfoundation@bagsf.org**

OTHER INFORMATION

1. Photos and videos at BAGSF events are and will remain property of BAGSF and can be used in advertisements, publicity, fundraising and/or printed materials.
2. All application materials become property of BAGSF and will not be returned or photocopied.

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2019 SCHOLARSHIP APPLICANT INFORMATION (Read instructions carefully before submitting application)

Last Name _____ First Name _____
 Permanent Mailing Address _____ Apt# _____
 City _____ State _____ Zip Code _____
 College Residential Address _____ Apt# _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Email _____
 Date of Birth _____ Gender [] Male [] Female
 Place of Birth _____
 How did you hear about BAGF Scholarship? _____

 First time applying to BAGSF? [] Yes [] No
 Prior Award? [] Yes [] No If yes, what year? _____
 Are you a child/dependent of someone who is or has been in a gardening business? [] Yes [] No
 If yes, who? _____ Company name _____

PARENT/GUARDIAN INFORMATION

Father/ Guardian Name _____
 Phone Number _____ Email _____
 Address _____
 City _____ State _____ Zip Code _____
 Country of Origin: _____
Father/ Guardian highest level of education _____
 In what Country _____ Primary language spoken at home _____

Mother/ Guardian Name _____
 Phone Number _____ Email _____
 Address _____
 City _____ State _____ Zip Code _____
 Country of Origin: _____
Mother/ Guardian highest level of education _____
 In what Country _____ Primary language spoken at home _____



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FINANCIAL INFORMATION

Independent- If you filed taxes as an independent, use financial documents for 2018, if not yet filed, use 2017 Tax Return.

Are you a parent? Yes No

Number of dependents living with you (not including yourself) _____

Total Household Income \$ _____

Dependent- If your parents/guardian claim you as a dependent, use parents/guardian's financial documentation for 2018, if not yet filed, use 2017 tax return.

Number of dependents living in the household (not including yourself) _____

Total Household Income \$ _____

Do you plan to work during 2019? Yes No If yes, for whom? _____

If currently employed, provide employer's information:

Employer Name _____ Is this a work study position? Yes No

Phone number _____ Email _____

Hours worked per week _____ What is your position? _____

FOR HIGH SCHOOL STUDENTS

Name of High School _____

Address _____

City _____ State _____ Zip Code _____

Graduating date _____ High school diploma _____ GED _____

Academic Awards _____

Name of college you plan to attend Fall 2019 _____

Address _____

City _____ State _____ Zip Code _____

If not yet known, list three colleges applied to _____

Enrolled Full-Time Part time Major _____

FOR STUDENTS CURRENTLY ATTENDING POST-SECONDARY EDUCATION

Name of college currently attending _____

Address _____

City _____ State _____ Zip Code _____

Expected year of graduation _____ Expected Degree _____

Number of years attending college _____ Credits completed _____

Enrolled Full-Time Part time Major _____

List all financial support you are receiving in 2018/2019? Include loans, awards, FASFA, Dream Act and other contributions. _____

Estimate cost for your education for 2018/2019 including housing, transportation, tuition, textbooks, and education related expenses \$ _____



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2019 VOLUNTEER FORM (This portion to be completed by student)

Time frame to complete hours: At the time of scholarship submission, **25 volunteer hours** must be completed (between June 2018- April 15, 2019). If this form is not submitted, the application is considered incomplete and will not be reviewed.

List place(s) you have volunteered along with contact information.

Organization Name _____
 Contact Name _____ Contact Position _____
 Phone Number _____ Address _____
 City _____ State _____ Zip Code _____
 Date(s) _____ Total Hours _____ Contact Signature _____

Organization Name _____
 Contact Name _____ Contact Position _____
 Phone Number _____ Address _____
 City _____ State _____ Zip Code _____
 Date(s) _____ Total Hours _____ Contact Signature _____

Organization Name _____
 Contact Name _____ Contact Position _____
 Phone Number _____ Address _____
 City _____ State _____ Zip Code _____
 Date(s) _____ Total Hours _____ Contact Signature _____

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 Phone Number _____ Address _____
 City _____ State _____ Zip Code _____
 Date(s) _____ Total Hours _____ Contact Signature _____

Organization Name _____
 Contact Name _____ Contact Position _____
 Phone Number _____ Address _____
 City _____ State _____ Zip Code _____
 Date(s) _____ Total Hours _____ Contact Signature _____

(If needed, additional volunteer forms can be submitted.)

 Student Name

 Student Signature

 Date



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ESSAY

This is an opportunity for you to introduce yourself to BAGSF. Please include information about your family background and living situation. What obstacles and challenges have you faced and how have you overcome them? What have you learned from them? Do you have specific goals? What or who inspired you to pursue higher education? What community service or activity have you been involved in? If you have additional space include other information you believe is important for BAGSF to consider.

Provide as many details as you can. Your essay should be one that only you could write.

- On a separate paper, write a personal essay (500 word maximum)
- Double space
- Font size 12 and Style Times New Roman
- 1 inch margins
- Include your name and email on top right side

INSTRUCTION FOR LETTER OF RECOMMENDATION

A recommender should be someone who knows you well and can be a school counselor, teacher, professor, mentor, employer or volunteer supervisor. Relatives should not write recommendation letters.

Ask your recommender to include detailed information about you. BAGSF is interested in learning about your commitment to higher education, work ethic, community involvement and financial situation.

Examples of your academic strengths and potential, interests, personal responsibilities and challenges are helpful.

Your recommender should write the letter on organizational or personal letterhead (including address, phone number and email). **The letter should be returned to you in a signed and sealed envelope and submitted as part of your application packet.**

2019 APPLICATION must be postmarked or hand delivered by 5pm on Tuesday April 16, 2019.

**BAGSF
727 Industrial Road, Suite 117
San Carlos, CA 94070**



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2019 BAGSF Application SIGNATURE/ COMMITMENT

By signing below, I certify that I am committed to my educational pursuits and if I am selected as a scholarship recipient that I will commit to 5 volunteer hours with BAGSF. I agree to report to BAGSF on my educational progress. I commit to attend student rehearsal day and the 13th Annual Recognition and Fundraiser Dinner. I certify that all information on this application is true and complete to the best of my knowledge.

Printed Name

Signature

Date

Parent or Guardian Signature (Only if applicant is under 18 years of age)

By signing below, I certify that I am committed to my child's education. I commit to support my student in his/ hers educational journey.

Printed Name

Signature

Date