

## Returning Student Application A. Richard Grossman College Scholarship Fund

### Applicants must meet the following criteria to be eligible:

1. Currently an A. Richard Grossman College Scholarship Fund recipient that is currently enrolled in a college or university.
2. Demonstrated academic achievement as shown by the previous year's transcripts. All students are expected to maintain a 2.0 GPA at minimum.
3. Accepted to an accredited college or university.
4. Require financial assistance. Please provide copy of FAFSA Application. <http://www.fafsa.ed.gov/fotw1112/pdf/PdfFafsa11-12.pdf>

### Please attach the following items to your application:

For College Students:

1. An official transcript for current students that includes credits and GPA (if applicable).
2. A copy of invoice from your college or university.

**All elements of the application must be completed by the deadline to be considered.**

**DEADLINE:** Please return in one package postmarked by July 1.

Recipients will be notified and awarded by July 31.

**\*\*\*\*Scholarships are \$2,500 and are limited based on available funding\*\*\*\***

**Email to: [infodrgcf@gmail.com](mailto:infodrgcf@gmail.com) OR  
Mail Application to:  
Dr. Richard Grossman Community Foundation  
1464 Hidden Valley Rd., Thousand Oaks, CA 91361**

### Maintaining Eligibility for the A. Richard Grossman College Scholarship Fund:

Scholarship recipients must maintain a GPA of 2.0 or higher, send official transcripts after completion of each quarter or semester, and must submit a complete Returning Student Application on time. Students who fail to meet these requirements will be ineligible to receive funds.

**Returning Student Application  
A. Richard Grossman College Scholarship Fund  
Biographical Information**

**(Please print or type CLEARLY and fill out COMPLETELY).**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

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

Home Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Names: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ What is your preferred form of contact? \_\_\_\_\_

Family's Annual Income: \_\_\_\_\_

Name of burn center and city you were treated? \_\_\_\_\_

Name of your primary burn doctor? \_\_\_\_\_

In the event you are awarded a scholarship, may we contact the facility and doctor on your behalf to let them know of the award Yes \_\_\_\_\_ No \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

School Address: \_\_\_\_\_ Phone Number: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Returning Student Application A. Richard Grossman College Scholarship Fund

Please provide an itemized statement of financial need for the academic year and any sources of financial assistance you currently have or anticipate receiving:

**Costs:**

Tuition and Fees:

Room and Board:

Books and School Supplies:

**TOTAL COSTS:**

**Financial Aid:**

Description Amount Applied For Amount Granted

- 1.
- 2.
- 3.
- 4.
- 5.

Other circumstances contributing to your financial need at this time.