**The SHARE Institute Scholarship Fund**

**Application Form**

Name: Date:

**Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_**

Address:

Telephone:

Email:

**Educational Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Institution of Higher Learning:

Major:

Educational standing:

Expected graduation date:

Short-term personal goals:

**Please answer the following items on an attached sheet. Do not exceed two pages.**

1) What are your long term educational goals?

2) How do your goals relate to the mission and the objectives of the SHARE Institute?

3) What contributions have you made in volunteering with SHARE?

4) Is there anything else that you would like the SHARE Institute to know that would strengthen your application?

5) Please list your gross income and sources of income for the last year. Address any changes to your financial status that may affect your need for funds.

6) How do you plan to use the requested scholarship funds?

**Please send your completed application package by April 30.**

**(application form and GPA record) to:**

**The SHARE Institute**

**8370 Sunset Ave.**

**Fair Oaks, CA 95628**

**Ph: (916) 966-2991**

**Or, email completed PDF/word document to Dr. Soheir Stolba, President of the SHARE Institute at soheir.stolba@gmail.com**