



Providing Help • Creating Hope



**PALO VERDE COLLEGE**

WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS

**Section I. CONTACT INFORMATION.....**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Palo Verde College Student ID #: \_\_\_\_\_

**Scholarship Requirements:**

1. **Must be a returning Palo Verde College student who will attend Palo Verde College for the 2018-2019 academic year.**
2. Student must be enrolled in at least 12 units for the awarding semester.
3. Student must have a cumulative GPA of 2.5 or higher
4. Student must be majoring in a “helping profession” such as social work, counseling, nursing, education, or non-profit management.
5. Recipient must submit a Thank you letter addressed to the Board of Director of Catholic Charities that includes the following:
  - Thank you to the Board of Directors for the scholarship
  - Explanation of need for the scholarship
  - Description of what student hopes to accomplish through his/her education
6. **Recipient must provide a photograph** and sign and return the enclosed release document giving Catholic Charities permission to utilize his/her photo for publicity and/ or educational purposes.

**Awards:** One (1) \$500 Scholarship. \$250 dispersed in Fall 2018 and \$250 dispersed in Spring 2019 . A check will be paid directly to student via Administrative Services minus registration fees if applicable.

**Section II. CATHOLIC CHARITIES PERSONAL ESSAY .....**



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RELEASE FOR USE OF  
PHOTOGRAPH(S) OR VIDEO(S)

**Print or Electronic Media**

I hereby give Catholic Charities San Bernardino & Riverside Counties my free consent to use the photograph(s) or video(s) described below for publicity or educational purposes (including, but not limited to Social Media). I also waive all claims for any compensation for use and for damages.

Name (Please Print): \_\_\_\_\_

Date of Photo \_\_\_\_\_

Photographer \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

**If under 18 years of age:**

**Consent from Parent or Guardian**

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

Additional Comments: \_\_\_\_\_

\*Photographer only: Image File Name/Number: \_\_\_\_\_

Please email a copy to Administration at [communications@ccsbriv.org](mailto:communications@ccsbriv.org)  
or fax a copy to 909-384-1130

Catholic Charities San Bernardino & Riverside Counties

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