

**Who's eligible?**

You are eligible if you have been or are currently involved with San Francisco Independent Livings Skills Program (SFILSP) and are between the ages of 17 and 25. You must have been eligible for foster care between your 16th and 18th birthday. We also accept applications from foster youth not affiliated with SFILSP but still attaining higher education.

What can I use the money for?

Funds can be used for EDUCATION RELATED COSTS only including tuition, books and basic living needs while attending college or for HOUSING-RELATED COSTS that help you to become stable and able to support yourself.

How do I apply?

Complete the application that is attached. Make sure your application is complete and has all supporting documents in one file. For questions please contact Elexus Hunter, 415-696-9330.

Email & scan all completed applications and additional documents in ONE file to:

elexushunter@tragicismagic.com

What else do I need to know?

This scholarship is non renewal. However, if you applied earlier this year and did not receive a scholarship, you can apply again. All funds will be paid directly to your school. Funds given to you will not affect your financial aid.

Our goal is to fill the gaps in funding available to all that are foster youth or who have aged out or who are currently still pursuing a degree. You must give us proof of getting other grants, scholarships, and any other financial support you receive. Also, upon acceptance we will need to verify that you are a full-time student, by showing proof of enrollment. You will need to show

that you have filed or are filing the Free Application for Federal Student Aid, or FAFSA.

File online at www.fafsa.ed.gov or get a form from your school. If you are eligible for the Chafee grant, you must apply separately.

Application Deadline: March 4, 2017

NOW SUPPORTING SCHOOLS NEAR YOU: APPLY NOW!

- Atlanta, GA
- Bay Area, CA
- Chicago, IL

Tragic is Magic Scholarship Application

Please print legibly- Blue or Black ink ONLY

Personal Information

First, Last: _____

Date of Birth: _____

County/State that has your foster care records: _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Cell: () _____ - _____ Email: _____

Age: _____

SF ILSP(member)? Yes or No

Income Source(s) (Circle all that apply):

Work

CalWORKs/TANF

SSI

Disability (DIB)

Unemployment (UIB)

General Assistance (GA)

Social Security

Financial Aid

Scholarships

Other (please specify) _____

How will you use this grant? (Circle all that apply)

Tuition or Fees

Books or other learning aids

Rent

Room or dorm costs at school

Other _____ (Please specify)

Attach reason if needed

List any and all other scholarships, grants and financial assistance:

_____	_____
_____	_____
_____	_____

Leadership/Organizations & Awards (List all that apply)

_____	_____
_____	_____
_____	_____
_____	_____

Qualifications

GPA: 2.80 and above

Provide an official transcript

Must be between ages 17-25 (high school seniors, college freshmen, sophomore, junior & rising senior)

Proof of enrollment/acceptance letter from the university

One recommendation (counselor, mentor, social worker etc.) * non related

Answer one of the following essay questions (250-500 max.)

Proof of community service hours

Social Workers contact information

Submit either ACT or SAT Scores

Education and Employment

Are you a senior in high school? Yes or No

Are you currently attending a 4 year university? Yes or No

GPA: _____ (Please provide an official transcript)

Collegiate (Only)

Name of High School: _____

Name of University: _____

Major: _____

School's address: _____

Are you currently (check all that apply): Collegiate Applicant ONLY

A full-time student (University)

A part-time student (University)

Other _____

High School (ONLY)

What is the name of the university you are seeking to attend?

What is the university's address?

What is your intended major you wish to be studying?

What is your educational or career goal?

ALL APPLICANTS

Community Service

Please provide a letter from the location by which you did your community service hours for and the amount of hours that was completed within the last academic year. Please provide only one proof of community service from one location.

Personal Essay (250-500) Times New Roman (12 font –double space)

Please pick one of the following questions below and provide examples that support your reason.

1. What is your most biggest accomplishment? Why?
2. Where do you see yourself in the next 5 years?

3. Describe your life in 3 words. Why are these 3 words significant to you? How will you make your future magical?

Recommendation

Please provide one recommendation from either someone that is in the community, school, church etc. (This person cannot be a related to you).

Relationship: _____ Name: _____

Social Work Contact

Please submit the name, email, and telephone number from your social worker.

Name: _____ Contact: _____

Email: _____

*Authorization for release of information to the Tragic is Magic Scholarship Fund
Please sign only one of the statements below. Your decision will not affect your eligibility for the scholarship.*

I DO GIVE PERMISSION to use my name and information in telling donors and other people about the Tragic am Magic Scholarship Fund.

Participant Signature _____ Date_____

I DO NOT GIVE PERMISSION to use my name and information, in telling donors and other people about the Tragic am Magic Scholarship Fund.

Participant Signature _____ Date_____

Reminder: Please write legible and be sure that the entire application is completed before scanning the following documents in ONE file to the following email address:
elxushunter@tragicismagic.com