A Step Forward
Academic Scholars’ Program

“Take Action! An inch of movement will bring you closer to your goal than a mile of intention.”

Dr. Steve Maroboli

Fall 2016 Application

A Step Forward Academic Scholars’ Program (ASP) is a partnership venture (with The African American Success Through Excellence and Persistence (ASTEWP) program at Skyline College) founded to provide targeted support to individuals from under-resourced and under-served populations interested in pursuing post-secondary opportunities beyond high school but face barriers that impede, or altogether, prevent them from successfully accomplishing their goals.

A Step Forward is intentionally designed to cultivate and support an entrepreneurial culture with the expectation that its scholars will pay it forward by creating opportunities that will improve not only their lives, but that of their family and community. A Step Forward will coach scholars on how to develop sustainable communities and shift thinking from needs, wants, and demands, to capabilities and opportunities.

HOW TO APPLY
Students interested in applying to A Step Forward Academic Scholars’ Program must fill out an application. After the initial paper application screening, a selected group of students will be invited for a personal interview. Students who make it past the interview process will be identified as recipients of A Step Forward Academic Scholar’s program. Awardees have the opportunity to receive a maximum of $1,200, if all requirements of the program are fulfilled. The purpose of the award is to help students with payments of books, tuition, and transportation. The award will be given in two installments: $600 in August 2016, and $600 in January 2017.

ELIGIBILITY CRITERIA
To be eligible for consideration, you must be enrolled in Skyline College ASTEP program (Fall 2016).

APPLICATION DEADLINE
Applications are due to Professor Nathan Jones by email jonesn@smccd.edu by May 31, 2016.
Personal Information:

Name_________________________________________ Student ID No. ___________________

Address_________________________________________________________________________

City____________________________________________ Zip Code___________________________

Phone: (c) ____________________ Email_____________________________________________

On a separate sheet of paper, please respond to the following 4 questions. Your answers to the following questions will be the base of the Award Recipient selection.

1. Please tell us why you should be considered for this scholarship?
2. If you can give something back to the community, what might that be?
3. Name one or two of your heroes. What and how has their story contributed to your success? (Give specific examples)
4. What accomplishment have you achieved that has been transformative and/or inspired you to achieve academic success?

APPLICANT CERTIFICATION

a. I understand that the above information is voluntary and will be used for award eligibility and selection only. I understand that my voluntary omission of requested information may preclude my eligibility.
b. I affirm the information provided above is true, complete, and accurate, and that any award may be revoked without appeal if the information is found to be otherwise.
c. I hereby authorize release of the above information at the discretion of Skyline College or San Mateo County Community Colleges Foundation.

Signature of Applicant__________________________________________ Date_______________

Printed Name of Applicant_______________________________________________________________

Award recipients will be notified by July 1, 2016