



130 Woodward Avenue • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

**CHANGE A LIFE SCHOLARSHIP APPLICATION**

Only students who meet the criteria will be considered. All sections must be filled out. Write N/A if the information is not applicable.

**STUDENT INFORMATION**

Student's family name (surname): \_\_\_\_\_ First name (given): \_\_\_\_\_

Middle name: \_\_\_\_\_ Suffix (First, Second, Third): \_\_\_\_\_ Gender: female / male

Date of birth (month/date/year): \_\_\_\_\_ Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Current grade level: \_\_\_\_\_ Grade level when you attend Balboa School: \_\_\_\_\_

School year you are applying for: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State/province/territory: \_\_\_\_\_ Zip: \_\_\_\_\_

**FAMILY INFORMATION**

Father's name: \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual salary: \_\_\_\_\_

**SCHOOL INFORMATION**

Previous School(s) & year(s) attended:

Current school: \_\_\_\_\_ Grade level & year attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Class rank: \_\_\_\_\_

Current school: \_\_\_\_\_ Grade level & year attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Class rank: \_\_\_\_\_

Current school: \_\_\_\_\_ Grade level & year attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Class rank: \_\_\_\_\_

MEDICAL INFORMATION

My child is currently being treated for the following medical conditions: \_\_\_\_\_

My child has allergies?\_\_\_\_\_ Please list: \_\_\_\_\_

Please circle if your family has a history of: Epilepsy/Seizure Mental Illness Diabetes High Blood Pressure Tuberculosis

Heart attack/heart disease Blood Clots Family Other conditions: \_\_\_\_\_ History unknown

My child takes medications: \_\_\_\_\_ Name of medication: \_\_\_\_\_ Dosage and frequency: \_\_\_\_\_

**All medications must be turned into the office along with a prescription medication form (available in the office).**

In case of an emergency, I give permission for Balboa School to seek, authorize, and consent to any medical treatment or care necessary for my child. This authorization, hereby granted to Balboa School, shall continue in effect until such time as I make direct contact with the treating doctor. This authorization in no way obliges Balboa School or its authorized representatives, to pay or be liable for any costs or expenses incurred in the care of or treatment of my child; and I agree to pay all costs and expenses incurred for the treatment and care of my child.

Parent/Guardian name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Student to answer:***

What is your greatest strength academically? \_\_\_\_\_

What is your greatest interest outside of school? \_\_\_\_\_

List community service activities: \_\_\_\_\_

List extra-curricular activities: \_\_\_\_\_

List awards: \_\_\_\_\_

(must reflect either: diversity, creativity, mastery, innovation/originality, and/or high academic standards)

What career are you interested in? \_\_\_\_\_

After graduation I am interested in: 4 year University \_\_\_\_\_ Community College \_\_\_\_\_ Other \_\_\_\_\_

PSAT score: \_\_\_\_\_ Date taken: \_\_\_\_\_

Student's TOEFL score (for international students): \_\_\_\_\_ Date taken: \_\_\_\_\_

Student's IELTS score (for international students): \_\_\_\_\_ Date taken: \_\_\_\_\_

List any other factors that show academic excellence:

\_\_\_\_\_  
\_\_\_\_\_

Tell us about you. Write an essay in 650 words or less. If more space is needed, include as an attachment.

\_\_\_\_\_  
\_\_\_\_\_



**PROGRAM PARTICIPATION**

I understand throughout the course of the year, students at Balboa School take a variety of field trips. These trips range from visiting museums to touring college campuses. We consider it an integral part of our program that students become exposed and interact within the community around them. Students will either walk, take a taxi, or ride with parent volunteers. I understand my child will go on off campus field trips with Balboa School. I understand that the staff of Balboa School will take reasonable care of my child, but I also recognize that they will be off campus and may occasionally encounter hazards beyond the staff's control. I agree to be fully responsible and hold harmless Balboa School, and any of its employees and parents, from any and all liability for any and all harm arising to my child as a result of participating. This will hold true while my child attends Balboa School.

In addition, Balboa School maintains the right to all student-generated work produced, created, or developed at Balboa School by my child. It also maintains the right to use my child's image in stills, video tape recordings or other media, such as the internet and/or yearbook, in such a way as it deems fit for now or in the future for publicity or other purposes. My child's name may be used in conjunction with Balboa School events, publicity and other ways as it deems fit now or in the future for publicity or other purposes. Balboa School has my permission to use photos and student-generated work.

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANGE A LIFE SCHOLARSHIP CRITERIA:**

- Minimum cumulative GPA of 3.7 on the last 3 years of school records
- Applying for grade 9, 10 or 11
- Submit a minimum of 2 letters of recommendation from previous teachers (1 from an English teacher and 1 from other content/subject).
- Participates in community service and can provide proof of awards that reflects either: diversity, creativity, mastery, innovation/originality, and/or high academic standards
- Ability to show academic excellence (through school records/student ranking/principal recommendations/test ranking, etc.)
- Involved in extra-curricular activities
- Minimum TOEFL score of: 40 for English 9, 40-50 for English 10, 50-60 for English 11 (for international students)
- Minimum IELT score of: 6.5 for English 9, 6.5 for English 10, 7 for English 11 (for international students)
- Meet with Executive Director or President

**CRITERIA FOR MAINTAINING STATUS**

- Must maintain a minimum cumulative GPA of 3.5
- Must maintain 10 hours a semester of Community Service
- Must lead at least one Student Club
- Must provide letters of recommendation from a minimum of 2 Balboa School teaching staff

I confirm my child meets the above criteria. I also understand and agree to the criteria for maintaining status.

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm I meet the criteria. I also understand and agree to the criteria for maintaining status.

Student name (please print): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**All information on this application is complete and factually presented.**

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING SECTIONS ARE FOR INTERNATIONAL APPLICANTS**

ASSESSMENT INFORMATION

Upon enrollment all students are assessed. For assessment purposes, please answer the following:

1. American name: \_\_\_\_\_
2. Student's native language: \_\_\_\_\_
3. Student's personal email address: \_\_\_\_\_  
(write clearly)
4. Student's English proficiency when:  

Speaking	None	Little	Fluent
Writing	None	Little	Fluent
Reading	None	Little	Fluent
Listening	None	Little	Fluent
5. Student studied English for how many years? \_\_\_\_\_

CURRENT I-20 INFORMATION

If you are currently a student in the US, please complete this section. If you are not currently a student in the US, please skip to the next section.

What is your immigration status? \_\_\_\_\_

If you currently have an F-1 Visa, what is your SEVIS ID #? \_\_\_\_\_

Purpose of requesting a form I-20 from BCS is to: \_\_\_\_\_ transfer in \_\_\_\_\_ regain F-1 status

I am currently attending school in the US? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, name of school: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

AGENCY INFORMATION

\_\_\_\_\_ I do not have an agency.

Agency or name of person who is assisting with application: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Homestay agency: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

FINANCIAL INFORMATION

You may refer to Balboa School's estimated annual cost to calculate total expenses.

Sponsor #1

Name of person financially responsible: \_\_\_\_\_

Total amount this person is giving me each year for tuition: \_\_\_\_\_

Total amount this person is giving me each year for living expenses: \_\_\_\_\_

Sponsor #2 - Free room and board

Name of person I will be living with for free: \_\_\_\_\_

Sponsors are responsible for the above and are required to provide proof of sponsorship. Proof of sponsorship may include financial records. Consequent to any payment made to Balboa School, I understand I will not receive a refund.

Sponsor/parent name (please print): \_\_\_\_\_

Sponsor/parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOMESTAY RELEASE:

I agree to be fully responsible and hold harmless Balboa School, and its representatives from any and all claims, demands, costs or damages incurred by my child or out of the actions of the Homestay family. I also agree that at my own expense to defend any suit or action brought against Balboa School instituted upon the claim of such damage to persons or property. This will hold true while my child attends Balboa School.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I-20 HANDLING

If my child is accepted, I would like his/her I-20 mailed to the foreign address listed on this application.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, where would you like it mailed?

\_\_\_\_\_

Name & Telephone Number: \_\_\_\_\_

I do not want my form I-20 to be mailed. I would like it picked up by: \_\_\_\_\_

**All information on this application is complete and factually presented.**

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_