



8855 Brotherton Road • 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: _____

Previous school: _____ Grade level & year attended: _____

GPA: _____ Class rank: _____

Previous 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 case 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 IELTS 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: _____

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 Balboa School 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: _____