

SCHOLARSHIP PROGRAM PACKET

SCHOLARSHIP PROGRAM RULES



BACKGROUND

Employees of Sacramento County’s Department of Human Assistance raise funds and seek donations annually to award college scholarships to graduating high school seniors living in Sacramento County. This collaborative college scholarship program is available to encourage graduating seniors from low-income families to pursue an education at an accredited college, university, or technical/trade school.

PURPOSE OF SCHOLARSHIP

This scholarship is awarded each year to promote:

- Higher Education
- Economic Resilience
- Stronger Communities

Scholarship recipients will be notified mid-April 2026. Cash awards will be presented at a ceremony to be held in the Sacramento County Board of Supervisors Chambers at 700 H Street (downtown Sacramento) on Thursday, May 07, 2026, at 5:00 p.m.

ELIGIBILITY (All applications are subject to verification and proof of eligibility)

- ✓ **Must** be currently living in Sacramento County.
- ✓ **Must** be a graduating high school senior from the class of 2026.
- ✓ **Must** be entering a two- or four-year accredited college, university, or technical/trade school.
- ✓ **Must** have a minimum Cumulative Grade Point Average (G.P.A.) of 2.5.
- ✓ **Must** be on public assistance or low income. Submit current verification of public assistance or if not on public assistance, IRS tax form 1040 (2025).

Eligibility for scholarships is without regard to race, gender, ethnicity, religion, or political affiliation.

Employees of Sacramento County and their families are not eligible.

APPLICATION REQUIREMENTS

- 1) All applications **must** include the following:
 - ✓ Official sealed high school transcript(s) - copies will not be accepted.
 - ✓ Two letters of recommendation from references who can comment on students’ leadership/academic abilities (at least one must be from a teacher; the other from a non-relative).
 - ✓ Acceptance letter or proof of enrollment - scholarship check will not be issued unless proof of acceptance is provided.
- 2) Essays **must** be typed and be at **least 800 words**.
- 3) Students **must** title their essay to indicate the essay question they are answering.
- 4) Applicant and parent/guardian **must** sign application.
- 5) Application **must** be postmarked by **Friday, March 06, 2026**.

USE OF SCHOLARSHIP

The DHA Scholarship shall be applied toward educational expenses in any field of study at an accredited college, university, technical, or trade school.

- **Incomplete submissions will NOT be accepted. Please answer all questions and submit all verifications/forms.**
- **All information will remain confidential and will not affect the household’s financial assistance.**

Applications are available online at <https://ha.saccounty.gov/scholarship/Pages/Scholarship-Program.aspx>

- ◆ You may also inquire at your local high school resource center/counselor’s office for help obtaining information.

NOTE: The online application is a PDF file and requires a special reader application, which may be downloaded from the Adobe Acrobat® site.

Scholarship Program Income Limits Tax Year 2025	
Number of People in Household	Income Limits
2	\$80,518.00
3	\$84,846.00
4	\$89,174.00
5	\$93,502.00
6	\$97,830.00
7	\$102,158.00
8	\$106,486.00
9	\$110,814.00
10	\$115,142.00
Add per person	+\$4,328.00

**The posted income limits are based on Earned Income Tax Credit Limits and the 200% Federal Poverty Guidelines.

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SCHOLARSHIP PROGRAM CHECKLIST



Please Check Each Box to Validate the Accurate Completion of Your Application Packet

- Read the Scholarship Program rules.**
- Official sealed high school transcript(s).
Must have official stamp. Copies will not be accepted.
- Two letters of recommendation
 - One letter must be from a high school teacher and the other one may be from any non-relative.
 - Letters should be from references who can comment on your academic ability, leadership, community involvement and school activities/achievements.
- Acceptance letter, proof of enrollment or proof of application from the college you are scheduled to attend.
No scholarship award check will be issued until proof of acceptance is provided.
- Essay is typed and titled with the essay question being answered.
- Essay is 800 words or more – final application scores are based largely on the essay and essays will be graded on content, spelling and grammar.
- Current verification of public assistance or if not on assistance, IRS tax form 1040 (2025)
- Applicant signed application.
 - Applicant answered question about consent to use name, photo, quotes for publication.
- Parent/Guardian(s) signed application if applicant is under 18.
- All questions on the form were answered. No answers were left blank.
- Application submitted by **Friday, March 06, 2026.**

GOOD LUCK!

SCHOLARSHIP PROGRAM PACKET



SCHOLARSHIP PROGRAM APPLICATION

Student's Name: (Ms.) [] (Mr.) [] Last First Middle

Address: Street Apt. City County State Zip Code

Mailing Address: (If Different) Street / P.O. Box Apt. City County State Zip Code

E-mail Address:

Telephone Number: () Cell Phone Number: ()

Date of Birth: Month - Day - Year Ethnicity (optional):

Parent/Guardian Name (s): Last First Middle Last First Middle

Mailing Address: Street/P.O. Box Apt. City State Zip Code

Telephone Number: ()

How did you hear about the DHA Scholarship? [] Counselor [] DHA Office [] Parent

Is Anyone in your Household Receiving Public Assistance? [] Yes [] No

Type of Program (s)? [] CalWORKs* [] Foster Care* [] Medi-Cal* [] Other*

*Please provide verification, i.e. Aid Verification Form.

Are you or Anyone in your Household an Employee of Sacramento County? [] Yes [] No

Total Annual Household Income: \$. How many people are in the household?

[MUST include entire household income if applicant is under 18 years old and not in Foster Care. Example: parent(s), guardian(s), applicant]

SCHOLARSHIP PROGRAM PACKET

SCHOLARSHIP PROGRAM APPLICATION



High School: _____

Address: _____

Street

City

State

Zip Code

Counselor's Name: _____

Telephone Number: (____) _____

Graduation Date: _____

Cumulative Grade Point Average (G.P.A.): _____

✓ **Must include official stamped high school transcripts with application (unstamped copies will not be accepted).**

College / University / Trade School

Currently or Planning to Attend: _____

Have you been accepted? Yes No

Course of Study: _____

Address: _____

Street

City

State

Zip Code

✓ **Must include proof of application and an acceptance letter.**

High School Teacher Reference:

(1) Name: _____

Position: _____

Telephone Number: (____) _____

How long have you known this person? _____ Years _____ Months _____

Non-Relative Reference (High School Teacher preferred):

(2) Name: _____

Relationship: _____

Telephone Number: (____) _____

How long have you known this person? _____ Years _____ Months _____

✓ **Must include a letter of recommendation from each reference.**

County of Sacramento



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SCHOLARSHIP PROGRAM ESSAY



Scholarship Application submission acceptance will begin January 19, 2026, and last until March 06, 2026.

Please list and describe your academic achievements and involvement in extracurricular activities.

For Example: School Activities / Community Involvement / Work Experience *(please attach additional pages for description)*

- 1) _____
- 2) _____
- 3) _____

Essay Questions:

Students must **type** and **title** their essay, and clearly stating the essay question they are answering.

Font Style: Times New Roman | Font Size: 12 | Formatting: Double Spaced

Please **choose 1** of the following 4 essay topics. All essays must be at least 800 words.

- 1) Describe any challenges or obstacles you've faced and how they have influenced your educational goals.
- 2) Describe how you've demonstrated leadership both within school and in your community.
- 3) Reflect on the individual who has had the greatest impact on your decision to pursue a college education and explain how they influenced you.
- 4) What are your reasons for wanting to pursue a college education?

COMPLETED APPLICATION MUST BE SUMMITTED BY MARCH 06, 2026, at the email address below.

Incomplete submission of packets will **NOT** be accepted. Please answer all questions and submit all the verifications/forms required.

Email Address: DHA-Scholarship-Applications@saccounty.gov

- Application/Packet
- Essay
- Transcript(s)
- (2) Letters of Recommendation
- Income Verification

Applications are available from: • School/Counselor's Office and • Online

Internet Site: <https://ha.saccounty.gov/scholarship/Pages/Scholarship-Program.aspx>

Note: The online application is a PDF file and requires a special reader application, which can be downloaded from Adobe Acrobat® if not already installed.

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SCHOLARSHIP PROGRAM CONSENT



I _____ have read and understand the rules that apply to completing this form. This form has been examined by me, and to the best of my knowledge, I believe it to be true, correct, and complete. I furthermore agree to the terms and conditions that bind this scholarship program.

Also, I, _____ consent / do not consent to having my name, photograph, image, and or quotes used for publication in newsletters, annual reports, videos, internet web page, and presentation displays by the County of Sacramento. I understand that members of the general public may see my picture/image.

Student's Signature: _____ Date _____

Parent / Guardian Signature: _____ Date _____