



CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Awards & Scholarships

Lavern Adolfo Award for Excellence in Advocacy

Nomination Form

Nominee _____	Date _____
Address _____	Region _____
City _____	Zip Code _____
County _____	
Job Title, position or status as applicable; _____	
Person making nomination _____	
Address _____	City _____
Zip Code _____	Phone #() _____

This award is given for exceptional service in bridging the gap and who support our children in the Foster care system, especially for those who are transitioning out of care on a statewide level, and has not previously received this award.

On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee.

1. How has the nominee(s) supported the needs and rights of children in care, most specifically those transitioning out of care?
2. How has the nominee(s) assisted in bridging the gap between agencies, organizations, interest groups, families and children all to work in the best interest of the children?
3. How has the nominee(s) demonstrated respect for all individuals with differences in culture, ethnicity, race, gender, age and LGBTQ community?
4. How has the nominee(s) served as an effective role model for others?
5. What specific service has the nominee(s) performed that has impacted caregivers or children in care on a statewide basis?
6. What previous awards or public recognition has the nominee(s) received?
7. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted.

Please remember all applications, letters and your statement must be received no later than July 1st to the Awards & Scholarship Committee Chair to be considered.

Return to Patrica Negus at 12419 Oaks Ave. Chino, CA. 91710



CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Haghenbeck Scholarship Award Criteria

Welcome! We would like to thank you for your interest, and encourage you to apply for the Haghenbeck Scholarship Award. Several scholarships ranging from \$500.00-\$1,000.00 will be available each year.

Please be sure to follow the instructions below carefully to ensure your application will be considered. Good luck to you all!

1. The applicant must currently reside in a California State Foster Parent Association Member's home. Applicant's; Foster, adoptive, Kinship, Guardianship or biological child of a CSFPA Member.
2. The applicant must be applying for or currently be enrolled in the first year of a post-secondary training, education program or college that will help the applicant attain their educational goals.
3. The applicant must also submit the completed application form along with the "About Me, My Educational/Vocational Goals" statement with a minimum of 300 words as well as two letters of recommendations from others attesting to the applicant's character and reasons why this applicant should receive this Scholarship. These letters should be from;
 - a) Teacher or School Official
 - b) A non related adult who has known the applicant for at least six months.
 - c) An adult sponsor, such as a; county worker, college instructor etc.

All applications become the property of the California State Foster Parent Association and must be postmarked and received by the Awards & Scholarship Committee Chairperson no later than July 1st of the current year. All applicants will be notified in writing of the results of their application no later than September 10th. All scholarships will be awarded in October at the annual CSFPA conference, all applicants that are approved for the scholarship must be present at the Awards Ceremony in order to receive the scholarship. All unclaimed scholarships will return back into the Haghenbeck Scholarship fund.

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*Return to Patricia Negos 12419 OAKS AVE. Chino, CA.
91710*



CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

**Awards & Scholarships
Haghenbeck Scholarship Award
Application Form**

Applicant _____		Date _____	
Address _____		Region _____	
City _____	Zip Code _____	County _____	
Phone # () _____		Date of Birth _____	
Caregiver's name _____			
Address _____		City _____	
Zip Code _____		Phone # () _____	

High Schools Attended:

1. **Current High School Name:** _____
Grade _____ Through _____
Address: _____ City: _____
Zip: _____
2. **Previous High School (if applicable)**
Name: _____ Grade _____
Address _____ City _____ Zip _____

Honors & Awards received: _____

Offices or positions of leadership held in class/school Organizations: _____

Extracurricular activities; Community Service or volunteer: _____

Employment; experience, _____

Name of most recent Employer, _____

Address _____ **City** _____ **Zip** _____



CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Haghenbeck Scholarship Award

Applicant's Statement

(Minimum of 300 words)

May be typed or printed

"About me and my Educational/Vocational Goals"