



Osher Initiative for California Community College Students Scholarship Application

Thanks to the generosity of The Bernard Osher Foundation, thousands of California Community College students, like you, may receive an Osher Scholarship as part of the California Community Colleges Scholarship Endowment. Mr. Osher's vision is to "not only benefit the community college students of today but countless more for years to come."

Criteria

- Student attending fall 2025 and spring 2026 semesters must have completed 24 or more "degree applicable" semester units (or the equivalent) at the time of the initial scholarship disbursement.
- Student must be enrolled at least half-time (6 or more units) during all terms in which the award remains active.
- Student must be eligible for a California College Promise Grant (CCPG)
 - Students must complete 2025/26 FAFSA or 2025/26 California Dream Act Application

Return completed application to:
Barstow Community College Financial Aid Office

finaid@barstow.edu

Application Deadline:

November 7, 2025 by 3:00 pm



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Barstow Community College Students

Name: _____ Student ID Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
Certificate Program, AA Degree/Major; or Transfer: _____
Occupational or Educational Objective: _____
Total Number of Units Completed: _____

1. Please write a statement detailing your educational and career goals including any special circumstances.

2. Describe any campus or outside activities, organizations, or community services you are involved with related to your educational or occupational objective.

3. Please list any High School/College or community awards and honors you have received:

4. Please describe work experiences and your current job, if applicable:

5. Please write a short paragraph describing what accomplishment you are most proud of at this point in your life and describe and explain any barriers or challenges you overcame to achieve the accomplishment.

Number of dependent children: _____ Ages of dependents: _____

I certify that the information I have provided on this application is true and complete to the best of my knowledge. I also understand that my application will not be considered unless my federal financial aid application and all supporting documentation is on file with the Barstow Community College Financial Aid Office no later than 3:00 pm, November 7, 2025.

Signature: _____ Date: _____