



Student · Outreach · and · Advancement · Resource

A program of the Chamber of Commerce  
Mountain View Education Foundation

## *Helping students achieve their life and career goals*

We are thrilled that you have decided to apply for this fantastic program! The SOAR Program is both fast-paced and in-depth. If accepted, you will receive consistent support, training, mentoring, encouragement and honesty from us. In return, SOAR mentors will expect that you attend regular meetings, adhere to established rules and standards of conduct, follow directions and recommendations, and ultimately – grow by leaps and bounds. The raw talent that you already possess today will continue to shine through as you work together with us to accomplish your goals.

After completing the first year as a SOAR Student, you will:

1. Be on track toward a chosen career-path that includes graduation from a four-year college or university.
2. Have selected an educational focus that serves to achieve life and career goals.
3. Network effectively and work well individually and in a team environment
4. Give back to the community by volunteering regularly.

We want to encourage you to be honest as you complete this application. Please don't try to impress, just be yourself. We are looking forward to learning more about the real you!

Please attach the following items to your completed application:

1. Copy of all college and High School transcripts (the type of grades that you have right now is not of concern, we are just interested in identifying your starting point)
2. Resume (no work experience you can think of? Use anything that you have done such as mowing lawns, babysitting, household chores, volunteer work at non-profits, churches or synagogues, etc.)
3. Letter of recommendation written by an adult in your life. See attached form

Please check all boxes to ensure a complete application has been submitted.  
Trust us, this program is worth it!

- Completed Application
- College & High School Transcripts
- Resume
- Letter of Recommendation

Return this application form along with the 4 items listed above to:  
Chamber of Commerce Mountain View  
**SOAR Committee**  
580 Castro Street  
Mountain View, CA 94041

## Student Application

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Name of School where you are currently enrolled: \_\_\_\_\_

Month/Year Enrolled \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

1. What do you plan to do after graduating from Community College:

2. What are the top 3 goals you have for your life?

3. Tell us about a challenging time in your life. How did you overcome this challenge?

4. What do you hope to get out of this program?

By my signature, I agree to participate fully in the Chamber of Commerce Mountain View's SOAR Program and work cooperatively with the mentors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_