COMMUNITY COLLEGE STUDENTS SCHOLARSHIPS AWARDED NO LESS THAN $3,000

CRITERIA

♦ Student currently attending a community college and transferring, as a junior, to a four-year college or university

♦ Resident of Greater San Diego, California

♦ Financial need

♦ Minimum grade point average of 3.0

♦ Community involvement, school activities, employment, special circumstances

DEADLINE: MARCH 20, 2015

To obtain a Community College application packet, contact your Scholarship Office or log on to: www.assistanceleaguegreatersandiego.org click on Teacher Grants and Scholarship Applications, and then select Community College Student Application Packet.
COMMUNITY COLLEGE SCHOLARSHIP APPLICATION
GUIDELINES & PROCEDURES

Assistance League of Greater San Diego shall provide funding for scholarships, to be paid half each term to help cover tuition, books and supplies. A recipient must be a full-time student, remain in school to complete the term following receipt of the scholarship payment, and maintain an overall minimum grade point average of 3.0 during the period of time covered by the scholarship.

All application information is confidential and will not be shared with anyone outside the selection committee.

REQUIREMENTS FOR APPLICATION

1. Must be a current community college student completing the final term and transferring to an accredited four-year college or university in the State of California.
2. Must be a resident of Greater San Diego, California.
3. Must submit a complete application, containing all required parts. Incomplete applications CANNOT be considered.
4. Application must be received on or before March 20, 2015. Late applications CANNOT be considered.
5. Must not be a chapter member, the relative of a chapter member, or an employee of Assistance League of Greater San Diego.
6. Must be a college or university in the State of California.

Mail completed application, including all required documentation, to:

Scholarships Chairman: Carol Lee Bishop
Assistance League of Greater San Diego
108 University Avenue
San Diego, CA 92103

- Faxed or e-mailed applications or transcripts will not be accepted.
- Please retain copies of all materials submitted. They will not be returned.
- Scholarship recipients will be notified on May 2, 2015.
In order to be considered, applications must contain the following:

- A complete and correctly filled out application form.

- An official transcript of grades. The transcript must contain the seal of the school and signature of the registrar or other designated school official. Copies displaying the seal and signature will be accepted.

- A personal statement from the applicant. This statement can include information concerning financial need, family situation and obligations, special circumstances, academic and personal accomplishments, career goals, work experience, school activities, community service, etc. All information will remain confidential.

- Two letters of recommendation: (1) One from an individual associated with the college (faculty member, advisor, etc.), and (2) One from an individual NOT associated with the college (employer, coach, community member, etc.).

  *Letters of recommendation should be submitted in sealed envelopes with the initials of the signer over the sealed point of the flap and submitted with the application in one packet.*

Criteria for Receiving the Scholarship:

- Financial need, GPA and scholastic achievement, recommendations, community involvement, job and school activities, and special considerations.

- Personal interviews

  All semi-finalists will be interviewed by the Scholarships Committee. At that time, applicants must fully disclose all other financial aid, including scholarships, grants, tuition waivers, etc., which they have applied for or received. Nondisclosure could result in forfeiture.

  *Evaluation of all applications and selection of award recipients will be by members of Assistance League of Greater San Diego’s Scholarships Committee.*

Criteria for Retaining the Scholarship:

- Recipient must maintain at least a 3.0 GPA during the period of this scholarship.

- Recipient must maintain full-time student status during the period of this scholarship, completing a minimum of 12 units each term.
2014-15 COMMUNITY COLLEGE SCHOLARSHIP APPLICATION

Deadline: March 20, 2015

PERSONAL INFORMATION

Please print or type. Do not use pencil.

Name ____________________________________________  Male___  Female___

First  Last

Age _______  Date of Birth _______________________

Email ____________________________________________  Phone No. _______________________

Current Address ____________________________________________  City, State and Zip Code

Number and Street/Apt. No.

Current Community College ________________________________

Who will be responsible for your college expenses? ________________________________

If applicable, list any dependents ________________________________

FAMILY INFORMATION - If a Dependent

Father’s Name ________________________________  Mother’s name ________________________________

Address ____________________________________________  Address ________________________________

Number and Street  Number and Street

____________________________________  City, State and Zip Code

City, State and Zip Code

Father’s Phone ________________________________  Mother’s Phone ________________________________

Father’s Employer ________________________________  Mother’s Employer ________________________________

Estimated yearly family contribution toward education expenses ________________________________

Annual family Income, after taxes ________________________________

If applicable, list the ages of any siblings or other dependents ________________________________
**COLLEGE INFORMATION**

List California colleges to which you are applying.

<table>
<thead>
<tr>
<th>Name of College</th>
<th>Estimated Annual Tuition</th>
<th>Estimated Annual Room &amp; Board</th>
<th>I have applied</th>
<th>I have been accepted</th>
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What is your anticipated field of study? __________________________________________

What are your occupational goals? ________________________________________________

**FINANCIAL INFORMATION**

**ESTIMATED RESOURCES**

Did you file a **FAFSA** (Free Application for Federal Student Aid)?
If so, have you received your "Student Aid Report" and what is listed as your "Expected Family Contribution"?

Have you been notified that you will receive a **Pell Grant**?
If yes, for how much?

Did you submit a **Cal Grant** GPA Verification form?
If yes, have you been notified that you will receive a Cal Grant?
If yes, for how much?

List any other scholarships and financial aid **applied for**.

List any other scholarships and financial aid **received**, with amounts.

Will you be employed during college?
If so, what are your estimated annual earnings?

**ESTIMATED ANNUAL EXPENSES**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition and fees</td>
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<td>Books and supplies</td>
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<td>Room and board (Rent, utilities, food)</td>
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<td>Transportation</td>
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<td>Clothing</td>
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<td>Miscellaneous (Cell phone, entertainment, etc.)</td>
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**ADDITIONAL INFORMATION**
List your school activities, community involvement and employment below.

<table>
<thead>
<tr>
<th>SCHOOL ACTIVITIES</th>
<th>Dates of Involvement</th>
<th>Average Hours Per Month</th>
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<th>COMMUNITY INVOLVEMENT</th>
<th>Dates of Involvement</th>
<th>Average Hours Per Month</th>
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<th>EMPLOYERS</th>
<th>Dates of Employment</th>
<th>Average Hours Per Week</th>
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Where did you learn about this Assistance League Scholarship? ____________________________

School Advisor's signature is required as verification that applicant is in good standing and will graduate.

Advisor's/Faculty Member's Name: ________________________________

Phone: ________________________________

Email: ________________________________

_________________________________________  Date: _________________

Advisor's signature with official school seal

I certify that all information in this application is true and complete.
I understand that information contained in my application is confidential and will be read and reviewed only by members of the Assistance League of Greater San Diego's Scholarships Committee.

_________________________________________

Applicant's Signature

Date: ________________________________