



# *Los Angeles County Commission for Women 2012 Educational Scholarship Application*



## **CRITERIA**

Applications **MUST** be completed in black or blue ink. Incomplete applications will be disqualified and no additional consideration will be given. All information requested as part of the application process **MUST** be received no later than, ***Friday, March 22, 2013 at 5:00 p.m.***

1. Applicant **MUST** be affiliated with one of the following agencies: Big Brothers & Big Sisters of Greater LA; Boys & Girls Club, Dept of Children & Family Services; Dept of Public Social Services (Cal-Learn Contracted Agencies: El Nido; ALTAMED Health Services Corp; Project NATEEN; Foothill Family Services); LACOE/Dept of Probation, Los Angeles County College of Nursing and Allied Health
2. Applicant **MUST** attend or plan to attend an accredited college or trade school at least part-time in 2013.
3. Applicant **MUST** be between the ages of 17-26 years of age when applying.
4. Applicant need only reside in the County of Los Angeles when applying for the first time. Past awardees applicant are not required to maintain residency in the County of Los Angeles.
5. Statements submitted **MUST** be at a minimum 250 and maximum 300 word essays. Longer essays may not be considered. Typed essays preferred. (Section 4A, 4B, 4C)
6. Letters of Recommendations **MUST** be from **two different** agencies, signed, dated and outline the candidates work ethic, student activity, perseverance, leadership, team work or community service (Section 5).
7. Transcript provided **MUST** have a minimum 2.0 Grade Point Average. (Section 3)

(Applicants are allowed to reapply for subsequent scholarships as long as they continue to meet the criteria outlined above and provide different recommendation when applying.)

***NOTE: ALL INFORMATION AND IMAGES OBTAINED REGARDING THIS SCHOLARSHIP PROGRAM WILL BE THE PROPERTY OF THE COMMISSION AND MAY BE UTILIZED TO PROMOTE FUTURE SCHOLARSHIP PROGRAMS.***



## Possible Uses for Scholarship Money in Addition to Tuition



### **GENERAL INFORMATION:**

Some of you may be receiving other grants, loans or scholarships. Given this fact, the Commission wants to encourage and assist you with your educational goals by providing you with the opportunity to cover some of the incidentals that come with attending school in addition to tuition. The funds distributed for scholarships do not need to be used specifically for tuition purposes only.

Here are several other items that you may consider using the scholarship for other than tuition, if your tuition is already covered.

Some examples include:

- Books
- Calculator(s)
- Childcare
- Clothing
- Computer, software, printer and/or accessories
- Medical, Health and/or Dental Insurance
- Eye Glasses or contacts
- Periodicals
- School Supplies and/or equipment

### **BENEFICIAL INFORMATION:**

If you are chosen as a recipient, you will need to attend an Orientation and the Board of Supervisors televised presentation to be held in June 2013 (Tentative date is June 18, 2013). The Program will consist of information on the use of your scholarship and an opportunity to meet and speak to various presenters on Health, Education, and other programs available for women and students. The Commission will host a continental breakfast and luncheon reception following the orientation. The orientation and luncheon will be an opportunity to meet members of the Commission.

Before we can issue a check we will need:

- ✓ Copy of current driver's license, State ID, School ID or passport with your picture.
- ✓ Copy of your Social Security Card or ITIN Card
- ✓ First time recipients of our scholarship need to submit a copy of your school Registration and First semester grades
- ✓ Past Scholarship recipients, must submit your latest grades and a proof of your Registration for next semester.

**Section 1 – Contact Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Alt Phone:** \_\_\_\_\_ **E-Mail address:** \_\_\_\_\_

**Social Security Number / ITIN:** \_\_\_\_\_

**Date of Birth: Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Continuing LA County Commission for Women scholarship recipients**

**List the year(s) awarded a scholarship** \_\_\_\_\_

**Section 2 – Additional Contact Information**

**Name and address of a contact person not living at your address:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Section 3 – Education

Have you graduated from high school or received a high school equivalency diploma (GED)? Yes \_\_\_\_\_ Still in High School \_\_\_\_\_ No \_\_\_\_\_

If no, explain? \_\_\_\_\_

Date received: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ (Please attach transcript)

Choose the agency you are affiliated with:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Big Brothers & Big Sisters of Greater LA | <input type="checkbox"/> Dept of Children and Family Services                    | <input type="checkbox"/> Boys & Girls Club |
| <input type="checkbox"/> LACOE / Dept of Probation                | <input type="checkbox"/> Los Angeles County College of Nursing and Allied Health |  |

Dept of Public Social Services CAL-LEARN Agencies (Choose one)  
 El Nido,  ALTAMED,  Project NATEEN,  Foothill Family Services

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

What type of school will you be attending? (Choose one)

Community College  Trade school  Four-year college

Name of school/college you are attending or planning to attend. What will be your anticipated Major:  
\_\_\_\_\_

Anticipated College or Trade School Enrollment Date:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Number of anticipated semester units or hours at a college, trade school or university:

Check one:  Part-Time(6 units)  Full-Time (9+ units)

Anticipated Graduation Date: Year: \_\_\_\_\_

**Section 4 – Essay Questions**

*Please provide a 250 – 300 word response to the following essay question.  
(Attach additional sheets if necessary.)*

- A. Personal Statement: Describe a personal quality, talent, accomplishment important to you or an obstacle you have faced in your life and have overcome.**

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Section 4 – Essay Questions

*Please provide a 250 – 300 word response to the following essay question.  
(Attach additional sheets if necessary.)*

**B. Educational Goal: Indicate your educational goal and the steps you will take for the next five years to achieve your goal.**

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**Section 4 – Essay Questions**

*Please provide a 250 – 300 word response to the following essay question.*

*(Attach additional sheets if necessary.)*

**C. What value beyond financial support will the Commission for Women Scholarship have for you?**

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**Section 5 – Recommendation and Acknowledgement**

***Please provide letters of recommendation from two different agencies that:***

1. Outlines your work ethic, student activity, perseverance, leadership, team work or community service; and
2. Is signed and dated with contact information of the person making the recommendation.

\_\_\_\_\_ Acknowledgement: I declare that my statement within this application is true to the best of my knowledge and experience.

Sign: \_\_\_\_\_

**Application not signed or missing information are subject to disqualification.**

**Applications are Due: Friday, March 22, 2013 by 5:00 p.m.**

**Applications may be submitted through  
US Mail, Faxed or E-Mailed to the following:**

***Mailing Address:***

***Los Angeles County Commission for Women  
500 West Temple Street, Room B-50  
Los Angeles, CA 90012***

***Fax Number: (213) 633-5102***

***Must confirm receipt of documents through staff at (213) 974-1455.***

***E-Mail: [LACCW@bos.lacounty.gov](mailto:LACCW@bos.lacounty.gov)***

***If you have any questions, please feel free to contact the Commission for Women staff at (213) 974-1455.***



Your application will be reviewed by a Selection Committee Panel. Each application will be rated using an Evaluation Rating Sheet. Below is a sample of the sheet and scale for each Section of the application.

LOS ANGELES COUNTY COMMISSION FOR WOMEN GIRLS AT-RISK EDUCATIONAL SCHOLARSHIP APPLICATION 2011 EVALUATION RATING SHEET	
Name of Applicant: _____	Supervisorial District: _____
<b>I. Minimum Requirements</b>	
Applications must pass minimum requirements before further consideration can be made	Pass/Fail _____
<ul style="list-style-type: none"> <li>*General Contact Information (Sections 1 and 2)</li> <li>*Agency affiliation</li> <li>*Education - Confirmed GPA of at least 2.0 (Section 3)</li> <li>*Acknowledgement / Signature</li> </ul>	
<b>II. Evaluation of Written Responses (100 points)</b>	
Section 4 / 5	SCORE
Personal Goal Statement (30 points) Sec. 4-A	_____
Education Statement (30 points) Sec. 4-B	_____
Scholarship Statement (30 points) Sec. 4-C	_____
Recommendations from 2 different organizations (5 points per recommendation)	_____
TOTAL POINTS	_____
<b>III. RATER'S COMMENTS:</b>	
_____	
_____	
_____	
_____	
_____	

## ***Scholarship Award Procedures***

### **Required Documentation**

If you are selected as an scholarship awardee you will be asked attend the Board of Supervisors presentation and Scholarship Orientation and to provide the following:

#### **Proof of registration**

For four-year colleges, community colleges or vocational colleges:

- Students enrolled full time (nine or more credits) will receive \$500 per semester/quarter with proof of registration, social security card, proper identification.
- Students enrolled part time (less than nine credits) will receive \$250 per semester/quarter with proof of registration, proper identification.

**Identification (please provide your Social Security Card or ITIN Card and one of the following IDs.)**

- Driver's license
- State identification card
- Passport
- College identification card

#### **Signature on Receipt of Scholarship Funds:**

- All disbursements must be picked-up in person at the Commission for Women Office: 500 West Temple Street, Room B-50, Los Angeles, CA 90012
- Your Signature will attest to:
  - Your receipt of the Commission for Women Scholarship check.
  - That you are enrolled and will be or are attending higher education courses.
  - That you understand that the scholarship will expire upon use of the entire \$1,000 scholarship or one calendar year from the original date of the award whichever comes first.

#### **General Scholarship Information**

- The scholarship will expire upon exhaustion of the entire \$1,000 scholarship or one calendar year from the original date of the award whichever comes first.
- Students must to be enrolled to receive disbursements and have a minimum of a 2.0 cumulative grade point average (GPA). However, disbursements do not necessarily need to be used for tuition purposes only.
- Proof of registration for up coming semester.
- At the completion of two semesters, the Commission requests that students provide a written statement of how the scholarship and/or education benefited the student.