HIGH SCHOOL SENIORS SCHOLARSHIPS AWARDED UP TO $6,000

APPLICATION CRITERIA

• Graduating high school senior entering a two-year or four-year college
• Financial need
• Community involvement, school activities, if applicable work hours
• 3.0 minimum grade point average on official transcript
• Resident of Contra Costa County, California
• Complete application, including one school recommendation, one community recommendation, financial report and a personal statement
• Deadline: MARCH 22, 2017

To obtain a High School application packet, contact your Career Center, Scholarship Office or log on to diablovalley.assistanceleague.org Then click on "Teacher Support and Scholarship Applications."
ASSISTANCE LEAGUE OF DIABLO VALLEY
HIGH SCHOOL
SCHOLARSHIP APPLICATION
GUIDELINES & PROCEDURES

Assistance League of Diablo Valley shall provide funding for a scholarship to be paid half each quarter/semester 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 2.8 for the term following receipt of the scholarship payment. All scholarship information is confidential.

Requirements for Application:

1. Graduating high school senior, with a minimum 3.0 GPA, enrolling in an accredited two-year or four-year college

2. Resident of Contra Costa County, California

3. All parts of the application including a personal statement as well as one school and one community recommendation, official transcript and financial form must be completed and submitted.

4. All parts of application must be received by March 22, 2017 in our office/mailbox at 2711 Buena Vista Avenue, Walnut Creek, CA 94597
   Incomplete or late applications will NOT be considered.

5. May not be a chapter member, the relative of a chapter member, an Assisteens® member or an employee of Assistance League of Diablo Valley.

Mail your complete application with all required documentation to:

High School Scholarship Chairman
Assistance League of Diablo Valley
2711 Buena Vista Avenue
Walnut Creek, CA 94597

**We will not accept faxed or e-mailed applications or grades.

Please retain copies of all materials submitted for your records.

We will not be able to return applications.

All scholarship recipients will be notified no later than May 5, 2017
Applications that will be considered MUST contain the following:

❖ A completed application form. Please no staples and no two sided documents

❖ An official transcript of grades, having the official seal of the school and signed by the Registrar or other designated school official. We will accept copies of the transcript if it shows the seal and signature. Send seventh semester grades as soon as available.

❖ Documentation of SAT/ACT scores.

❖ A personal statement from the applicant, describing in detail the need for the scholarship. The letter should be specific about family situation and obligations, financial needs, academic intentions, work experience, school activities and involvement in community service.

❖ One letter from a parent or other family member confirming financial need.

❖ One letter of recommendation on official school letterhead, signed by an advisor or faculty member who verifies your school information.

❖ One letter of recommendation from a member of the community, describing services or contributions to the community.

❖ Each letter 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.

❖ If applicable, attach a copy of Student Aid Report (SAR) award from your Free Application for Federal Student Aid (FAFSASM).

Criteria for Receiving the Scholarship:

➢ Financial need, length of community involvement, job/school activities, recommendations, and grade point average.

➢ Evaluation of all applications and selection of the award recipients will be made by Assistance League of Diablo Valley Scholarships Committee members.

➢ For semi-finalists, there will be a personal interview with members of the Scholarships Committee, at which time applicants must fully disclose all other scholarships, grants or financial aid they have applied for or received.

Criteria for Retaining the Scholarship:

➢ Award recipients must maintain at least a 2.8 GPA during the period in which they are receiving the scholarship.

➢ Recipients are required to complete the school year, as full-time students, for which the award is paid out. Failure to do so will require repayment of the amount awarded.

PLEASE NOTE: no staples and no two sided copies of any documents
HIGH SCHOOL SCHOLARSHIP APPLICATION - page 1 of 4
Deadline March 22, 2017

PERSONAL INFORMATION - Please Print or type (no pencil)

Name: __________________________________________________________ Date: ________________

Current Address: ________________________________________________ (Number and Street) (City, State, ZIP code)

Telephone: ____________________________ Cell: ____________________________

E-mail address: ____________________________________________________

Present High School: ________________________________________________

School Address: ________________________________________________ (Number and Street) (City, State, ZIP code)

If applicable, list the ages of siblings and/or family dependents: ________________________________________________

__________________________________________________________

FAMILY INFORMATION (if a Dependent)

Father’s Name: ____________________________ Mother’s Name: ____________________________
(Or guardian) (Or guardian)

Address: ____________________________________ Address: ____________________________________
(Number and Street) (Number and Street)

_________________________ ____________________________
(City, State, ZIP code) (City, State, ZIP code)

Telephone: ____________________________ Telephone: ____________________________

Father’s Employer: ____________________________ Mother’s Employer: ____________________________

_________________________ ____________________________
(City, State, ZIP code) (City, State, ZIP code)

FINANCIAL INFORMATION

Family Income after tax dollars (Required Information): $ ____________________________

Who will be responsible for your college expenses? ________________________________________________

What is your Expected Family Contribution (EFC from the FAFSA report)? $ ____________________________

How much money will you contribute per year? $ ____________________________

Do you have Student Aid Report, if so what is the amount statement? $ ____________________________
[If applicable, please attach a copy of your Student Aid Report (SAR), award from your Free Application for Federal Student Aid (FAFSA®).]
**HIGH SCHOOL SCHOLARSHIP APPLICATION - Page 2 of 4**

**PLEASE SUBMIT SAT/ACT SCORES - ATTACH DOCUMENTATION**

**COLLEGE INFORMATION:** List colleges to which you have applied with estimated tuition and living costs per term.

<table>
<thead>
<tr>
<th>College</th>
<th>Tuition</th>
<th>Room and Board</th>
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<tbody>
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**FINANCIAL PLANNING**

Make your best estimate of what your budget will look like for the YEAR. If you go to your school’s website, a breakdown of these costs are usually provided under Cost of Attendance.

**ESTIMATED BUDGET FOR THE 2017-2018 SCHOLARSHIP YEAR**

<table>
<thead>
<tr>
<th>ESTIMATED RESOURCES (A)</th>
<th>ESTIMATED EXPENSES (B)</th>
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<tbody>
<tr>
<td>Personal Savings</td>
<td>Tuition and Fees</td>
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<tr>
<td>$</td>
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<tr>
<td>Expected Summer Earnings</td>
<td>Books and Supplies</td>
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<tr>
<td>Expected School Earnings</td>
<td>Room and Board (rent, utilities, food)</td>
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<td>Pell Grant</td>
<td>Transportation</td>
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<td>Cal Grant</td>
<td>Child Care Costs (if any)</td>
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<tr>
<td>Other Scholarships</td>
<td>Clothing</td>
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<tr>
<td>Other* (explain)</td>
<td>Miscellaneous (phone, other bills)</td>
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<td><strong>TOTAL (A)</strong></td>
<td><strong>TOTAL (B)</strong></td>
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*Include FAFSA if available

Additional Notes to Financial Planning if any:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Anticipated Field of Study: ________________________________________________
## ADDITIONAL INFORMATION

List your school activities, community involvement, and employment below:

<table>
<thead>
<tr>
<th>SCHOOL ACTIVITIES</th>
<th>Years Involved</th>
<th>Hours Per Year</th>
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<tr>
<th>COMMUNITY INVOLVEMENT</th>
<th>Years Involved</th>
<th>Hours Per Year</th>
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<tr>
<th>EMPLOYMENT</th>
<th>Years Involved</th>
<th>Hours Per Week</th>
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Where did you learn about the Assistance League scholarship?
___________________________________________________________________
___________________________________________________________________

School Advisor's signature is **required** as verification that applicant is in good standing and a full-time student.

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, complete, and correct.
I understand that information contained in my application will be read and reviewed by volunteers of Assistance League of Diablo Valley Scholarships Committee. All information will remain confidential.

__________________________________________
Applicant's Signature
Date: ______________________