

THE GUILD
PLACENTIA LINDA HOPITAL

NAME _____ AGE _____ CITIZEN OF U.S. YES _____ NO _____
ADDRESS _____ CITY AND STATE _____ ZIP _____
TELEPHONE () _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL _____ YEARS ATTENDED _____ TO _____
LOCATION _____

COLLEGE OR UNIVERSITY _____ YEARS ATTENDED _____ TO _____
LOCATION _____
MAJOR _____ GRADE POINT AVERAGE _____

LETTER OF ACCEPTANCE FROM COLLEGE FOR WHICH SCHOLARSHIP APPLICATION IS BEING
MADE _____

CAREER GOAL _____
PERIOD FOR WHICH YOU ARE APPLYING _____ 20____

Types of financial aid/scholarships you are now receiving and/or are requesting:

LIST ESTIMATED EXPENSES FOR ACADEMIC YEAR:

LIST PERSONAL RESOURCES:

Tuition and fees \$ _____
Room and Board _____
Books and Supplies _____
Transportation _____
Uniforms _____
Other _____

Savings \$ _____
Summer work _____
Work during College _____
Parents assistance _____
Scholarships _____
Loans _____
Grants _____

PERSONAL REFERENCES (not related to you): Please include one academic reference.

1. NAME _____ PHONE () _____
ADDRESS _____

2. NAME _____ PHONE () _____
ADDRESS _____

For further information please call (714) 993-2000-GUILD OFFICE