

LEON OWENS FOUNDATION

Scholarship Application

Application Deadline

Eligibility

General Information April 30, 2021

Application must be post marked by the due date

Any student who lives or attends school in the surrounding metropolitan area within a 50 miles radius of Orange County, Los Angeles, Riverside, and San Bernardino is eligible to apply for a scholarship.

Scholarship awards will be \$1000.00 minimum. To be considered for scholarships, students must be enrolled for a minimum of 6 units the Fall semester of the upcoming academic year and generally must have a minimum college grade point average of 2.5. Successful candidates will be notified in May for Fall semester. Scholarship funds are held until fall enrollment is verified. *Previous scholarship award winners are not eligible to apply*.

***** Two letters of recommendation from a school faculty or staff member and an official transcript are required to complete the application. Only completed applications will be considered.

Use black ink or type to complete application

The Leon Owens Foundation is a non-discriminatory organization.

"MAKING A DIFFERENCE TOGETHER"

Name:First		le	Last	_				
Addrocci								
Street			State 7ii					
	•							
Phone No	Stu	ident ID No						
Check one: □ U.S. Citizen □ Vis	a 🛛 Email							
Are you a high school graduate/GED If yes, name of school	? • Yes • No							
if no, explain								
Colleges Attended	From/To	Units Completed	Units in Progress	Cum. GPA				
		1						
Where will you be attending college	in the fall and dep	arture date:						
University or College which you intend to transfer Major								
City	State	Zip Code	Phone No.					
			ms)					
Number of units you expect to take:	Career Goa	l:	_Completion Yea	r:				
Documentation of financial informat	ion is required (Cu	rrent Pay Stubs &	W-2 Forms)					
Number of dependent children	Number in College							
Your employer	Monthly gross salary							
Spouse employer	ployer Monthly gross s			salary				
Spouse's Address City			State					
Your Social Security Number	curity Number Spouse			se's Social Security Number				
Check other sources of income from the following:								
Check other sources of income from	□ Social Security □ AFDC □ Veteran Benefits □ BOGG							
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	ran Benefits 🔲 BO							
☐ Social Security ☐ AFDC ☐ Vete	ran Benefits 🔲 BC nts 🖾 Loans 🗀	Trust Fund	e financial aid \$					
	Street Phone No. Check one: U.S. Citizen Vis Are you a high school graduate/GED If yes, name of school if no, explain Colleges Attended Where will you be attending college University or College which you inter City Documentation of financial information Check one: Single Married I Number of units you expect to take: Documentation of financial informat Check one: Single Married Number of dependent children Your employer Spouse employer Spouse's Address	Street City Phone NoStu Check one: □ U.S. Citizen □ Visa □ Email Are you a high school graduate/GED? □ Yes □ No If yes, name of school if no, explain Colleges Attended From/To Where will you be attending college in the fall and dep University or College which you intend to transfer City State Documentation of financial information is required (Current of Check one: □ Single □ Married □ Divorce □ Separate Number of units you expect to take: Career Goal Documentation of financial information is required (Current of Check one: □ Single □ Married □ Divorce □ Separate Number of dependent children Your employer Spouse's Address City	Address: Street City	Address: Street City State Zig Phone No. Student ID No. Check one: U.S. Citizen Visa Email Are you a high school graduate/GED? If yes, name of school if no, explain Colleges Attended From/To Units Completed Progress Where will you be attending college in the fall and departure date: University or College which you intend to transfer Major City State Zip Code Phone No. Documentation of financial information is required (Current Pay Stubs & W-2 Forms) Check one: Single Married Divorce Separated Widowed Number of units you expect to take: Career Goal: Completion Yea Documentation of financial information is required (Current Pay Stubs & W-2 Forms) Check one: Single Married Divorce Separated Widowed Number of dependent children Number of dependent children Number of dependent children Number of Spouse employer Monthly gross Spouse's Address City State				

APPLICANT'S STATEMENT	Essay Topic: How will education make a difference in my community (150-200 words, typor print only). Please indicate any special circumstance to be considered (i.e. extensive personal or family medical problems, reduction in family income, one part family, etcUs an additional sheet of paper if necessary). Write legibly.				
	RELEASE: I hereby authorize release of all the foregoing scholarship and transcript information and any other pertinent information required to any organization or individual involved in the selection of scholarship recipients. I also give permission to release my name and or photo to the donor and newspapers for publicity purposes.				
	Signature of Applicant Date				
	* Only Completed Applications will be considered *				
	Check list				
	Official Transcripts (Sealed)				
	☐ Two Letters of Recommendation				
	Pay Stub - Student and Parents (photo copies)				

Parent(s) Tax Form (1040 prior two years, photo copies)

W-2 Forms (photo copies)

Mail Application To: Leon Owens Foundation Attn: Scholarship Committee 1105 S. Euclid St. Suite D-349 Fullerton, California 92832

If you do not plan to work i	n the summer, please	explain why:		
List your employment since	June of Last Year:			
Employer	Job Title/Duties	Date (From/To)	Units in Progress	Hours/Rate Hours/Weel
Do you reside with parent(s)? Number of	other dependent	children at re	sidence
Number of dependent child				
Explain any unusual circum	stances which may pro	event financial ass	istance from y	your parent(s)
Number of family members Explain any unusual circum next year. (Use additional s List all pertinent informatio	stances which may proheet, if necessary):			
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PARENT'S FINANCIAL INFORMATION

SCHOOL & COMMUNITY ACTIVITIES IN THE

LAST 18 MONTHS