# CASAofLosAngelesLogo Aaron Ruben

# Scholarship Application

### Documents

Dear Applicant,

Thank you for your interest in the Aaron Ruben Scholarship. An eligible applicant must be currently or previously enrolled in the Court Appointed Special Advocates Program (CASA).

**Application Check List:** Failure to Provide **ALL** documents below will disqualify consideration of the application. Items must be submitted as a package and are not to be submitted separately unless stated otherwise.

1. **Completed Application**
2. **A certified and sealed copy of high school and or college transcripts:** All transcripts can be obtained from the school’s academic office. The administrator will provide you with a copy that will be sealed and specially marked by the school. The transcripts can be sent directly to the Scholarship Committee or it can be attached with the application.
3. **Three Letters of recommendation:** Letters of recommendation should be from individuals who have knowledge of your skills/ abilities, personal characteristics, academic achievement and or professional development. Examples of these individuals are teachers, CASA, counselors, Supervisor, Social Worker, and or community sponsor.
4. **Personal Statement:** In essay form (**typed**), tell the committee about yourself. Include any information that can assist the committee in becoming familiar with your character, interests, hobbies, achievements, obstacles faced and overcome, personal and educational goals etc.
5. **Verification Information:** The last page of this application has a section regarding school information and needs to be filled out to the best of your ability. For verification purposes please also submit a copy of one of the following: the school’s acceptance letter, school schedule or another form of confirmation that you have applied from the school (s) which you plan to attend. *Typically, you will receive registration information, as well as information about college orientation sessions, assessment tests, and advisement.*

**ANNUAL APPLICATION DEADLINE IS SEPTEMBER 1ST**

**Send completed application to:**

Attn: **Carolyn R. McGee**

CASA of Los Angeles

Edelman Children’s Court

201 Centre Plaza Drive, Ste. 1100 Monterey Park, CA 91754

**Information contact:** Carolyn R. McGee - **office:** 323-859-2888x6327 **fax**: 323-264-5020

**E-mail:** cmcgee@casala.org

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| **PERSONAL INFORMATION** | | | | | | | | | | |
| **Name**: |  | | | **DOB:** |  | | **Case #** | |  | | |
| **Email:** | |  | | | | **Phone Number:** | |  | | | |
| **Address:** | |  | **City:** | | | **State:** | **CA** | **Zip:** | |  | |
| **Name of your Dependency Attorney:** | | | | | | | | | | |
| **CURRENT CAREGIVER INFORMATION** | | | | | | | | | | |
| **Name of Current Caregiver (s):** | | | | | | | | | | |
| **Email:** | |  | | | | **Phone Number:** | |  | | | |
| **Address:** | |  | **City:** | | | **State:** | | **Zip:** | | | |

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| --- | --- | --- | --- | --- |
| academic History: | | | | |
| **Name of High School/ College:** |  | | **Phone Number:** |  | |
| **Address:** |  | **City:** | **Zip:** | | |
| **Date of Graduation:** |  | | **GPA:** |  | |
| **Name of School /College Counselor** |  | | **Phone Number:** |  | |

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| **Extracurricular activities and/or work experiences and dates of participation:** | | | | | | | | | |
| **QUESTIONNAIRE:** | | | | | | | | | |
| **Please submit a typed response to the following questions in addition to your personal statement and attach the sheets to this application.**   1. Have you overcome any academic problem(s) while attending school? If so, please describe the nature of the problem(s) and how you overcame them. 2. What academic difficulties, if any, do you expect to encounter in college? Please describe methods you would employ to overcome such difficulties. 3. Why do you think you will be a successful college student? 4. What is your career goal and why do you believe you will be successful in reaching that goal? | | | | | | | | | |
| **SCHOOL INFORMATION** | | | | | | | | | |
| **Name of school currently attending or planning to attend:** | | | |  | | | | | |
| **Address:** |  | | | | | | **City:** |  | |
| **State:** |  | | **ZIP:** | |  | | **Phone:** | |  |
| **FINANCIAL AID INFORMATION** | | | | | | | | | |
| **PLEASE PROVIDE THE FOLLOWING INFORAMTION IN DOLLAR AMOUNT IN THE SPACES PROVIDED BELOW:** | | | | | | | | | |
| **School Application Fee:** | | $ | | | | **Eligible for waiver  Yes No** | | | | |
| **Semester/Quarter or Unit Fee** | | $ | | | | **Semester Quarter Unit** | | | | |
| **Course Fee (additional charge for specific courses)** | | $ | | | |
| **Housing on Campus Fee or Off Campus Arrangement Fee** | | $ | | | |
| **Books/ Supplies (estimate)** | | $ | | | |
| **Transportation (estimate)** | | $ | | | |
| **TOTAL** | | $ | | | |
| **Additional Financial assistance receiving** | |
| **Scholarships** | | $ | | | |
| **Grants** | | $ | | | |
| **Loans** | | $ | | | |
| **Other Aid** | | $ | | | |
| **TOTAL** | | $ | | | |

*(Add all fees, subtract from any additional financial assistance being provided =Total remaining financial needed)*

|  |  |
| --- | --- |
| **Total Financial Aid Needed** | $ |

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| --- | --- | --- |
| **Name of Applicant:** |  | |
| **Signature of Applicant:** |  | **Date:** |