

ASU SCHOLARSHIP

Spring 2017



**ASU will be awarding
(1) \$1,000 scholarship,
(4) \$500 scholarships for Full-Time &
(2) \$250 scholarships for Part-Time to ASU students!**

Application Available @ Student Activities Office

Deadline Friday, April 14th, 2017 at 4:00 PM

Main Campus: F5-212

For questions contact: *Student Activities Office 323.265.8742*

Criteria for the ASU SCHOLARSHIP

Award Requirements (5 fulltime scholarships and 2 part-time scholarships)

1. Current full-time or part-time ELAC student
2. Paid ASU member
3. Student with a minimum 2.5 cumulative GPA for the \$500 and \$250 scholarship and a 3.0 cumulative GPA if applying for the \$1,000 scholarship.
4. Attach a copy of your unofficial transcripts
5. Completed a minimum of 12 units at ELAC (includes classes taken in the Spring, Summer, Fall & Winter semesters)
6. Verification of community/school group affiliation: From counselor, teacher, advisor, or community leader with contact information.
7. 500 to 600 word typed essay, double spaced, Times New Roman 12 pt. font.

How will this scholarship make a difference in your life?

Scholarship Amount:

One \$1,000 award for full-time student
Four \$500 awards for full-time students
Two \$250 awards for part-time students

THE DEADLINE FOR SUBMITTING THE APPLICATION IS:

Friday, April 14, 2017 at 4:00 pm.

Please turn in completed application and all supporting items to the office of:
Student Activities Office in F-5 212.

Document check list for applicant:

- Completed application form
- Copy of transcripts
- 1 (for \$250 or \$500 scholarship) community/school group affiliations
- Essay

East Los Angeles College Associated Student Union

1301 Ave. Cesar Chavez, Monterey Park, CA 91754

Telephone (323) 265-8742

Application Due: Friday, April 14, 2017 at 4:00 PM

PERSONAL INFORMATION

NAME:		STUDENT IDENTIFICATION NUMBER:	
OTHER NAME(S) USED:			
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:	HOME PHONE:	E-MAIL ADDRESS:	

EDUCATION

CURRENT SCHOOL ATTENDING:		ARE YOU A HIGH SCHOOL GRADUATE? NAME OF HIGH SCHOOL ATTENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF COLLEGE UNITS THIS SEMESTER:	TOTAL COLLEGE UNITS COMPLETED:	UNITS TAKEN AT ELAC:	CUMULATIVE GPA
COLLEGE MAJOR:		EXPECTED GRADUATION DATE:	
WILL YOU BE ATTENDING ELAC IN THE FALL OF 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OR WILL YOU BE ATTENDING AS A FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU/WILL YOU BE ATTENDING AS A PART TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PLANNING ON TRANSFERRING TO A FOUR YEAR UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN DO YOU PLAN ON TRANSFERRING?	WHAT SCHOLARSHIP ARE YOU APPLYING FOR? <input type="checkbox"/> FULL TIME \$1,000 <input type="checkbox"/> FULL TIME \$500 <input type="checkbox"/> PART TIME \$250	

I certify that the above information is true and correct _____
Applicant Signature

_____ Date

VERIFICATION OF COMMUNITY/SCHOOL GROUP

Advisor, Community Leader, or Instructor – Please check the box which best describes the student:

- Strongly Recommend
- Recommend
- Neutral
- Do Not Recommend

Name of Organization: _____

Phone: _____

Print Name

Title

Signature

Date

Please provide a brief description of the rating above using the criteria of the scholarship. You have the option to use this page **or** provide a separate recommendation letter. After completing this form **or** writing a recommendation letter, please place this page in a sealed envelope and return to the student.
