GROWTH FOUNDATION

INSTRUCTIONS FOR COMPLETION OF SCHOLARSHIP APPLICATION

PLEASE READ THIS PAGE BEFORE FILLING OUT APPLICATION

Scholarships will be awarded in amounts ranging from \$500-\$1000, based on available funds.

The submission deadline for Fall 2022 semester is June 1st, 2022.

BASIC REQUIREMENTS

Applicants must be residents of Los Angeles County who are either high school seniors in the process of applying to, or high school graduates already enrolled in, an accredited school, trade school, college or university, who are experiencing financial and other hardship. The course of study must be offered by an accredited school, trade school, college or university.

SPECIAL REQUIREMENTS

- 1. To apply for a scholarship, please submit an essay explaining:
 - Who you are and where you come from
 - What you've done, what you want to do, and why
 - Where you're going and what you know, and don't know, about how to get there
 - How a GROWTH Foundation Scholarship could help fulfill your goals

Be sure to note in your essay any community service/volunteer work you may have participated in.

- 2. Include at least two letters of recommendation from a teacher, employer or other adult who knows you well.
- 3. Submit a completed application. Be sure to sign and date your application.
- 4. Email your application package as PDF attachments to deana@growthfoundation.org.
 Your essay, letters and application will be reviewed and you will be contacted to discuss your eligibility. Please be sure to include your email address and phone number.

GROWTH FOUNDATION

SCHOLARSHIP APPLICATION

PLEASE PRINT AND FILL IN ALL REQUESTED INFORMATION

Name						elephone (<u>) </u>	
	Last	First	Initial				
Current A	.ddress						
		St	reet		City	Zip	
Birthdate:	U.	S. Citizen:	Yes	No	If not, V	isa type	
High Scho	ool Attended				Grad	duation Date	
Desired C	Course of Study	'					
Occupation	on for which yo	u are prep	aring				
	I have been a	cepted to					
	in Winter	Spring	g Sum	mer	Fall		
	I will be transfe	errina to					
		Spring			Fall		
	I will continue	at					
	through V		Spring	Sum	mer	Fall	
	I will complete in the Wir	my Vocat iter Sp					
I am pres	sently employe	d Yes	No Ave	erage	number	of weekly hours	
Where e	mployed:						
How long	g employed:	_months_	years	Posit	tion		
Supervis	or's Name						
						eekly hours:	

PERSONAL FINANCIAL STATEMENT

Your monthly wages	\$								
Spouse's monthly wages	\$								
If you live with your parents, do they help you financially? Yes No									
If yes, how much? \$									
All other income from sources not reported above (i.e., disability, gifts from other relatives, prize money, etc.) \$									
Ages and names of dependent ch	ildren or other dependents:								
NAME AGE	<u>RELATIONSHIP</u>								
2. Do you receive Financial Aid?	Yes No What type								
How much \$ Payment frequency									
I am not eligible for Financial Aid or Public Support for higher education because									
Briefly describe any unusual cir	rcumstances that affect your financial condition:								

I, the undersigned, understand and agree that Foundation, information about me may be reledetermine my qualification for receiving the avoidable that if awarded a scholarship, I am required to school applied for and that I must maintain at all times.	eased for publicity purposes or to varded funds. I also understand and agree attend the college, university or trade
Applicant signature:	Date:
(NOTE: type name or insert signature)	