



GOING BACK TO SCHOOL?

**The Sandi Lou Back to School Scholarship**

**is for YOU!**

$2500 is to be awarded to a

RETURNING STUDENT

**APPLICATIONS AVAILABLE AT THE SCHOLARSHIP OFFICE**

**AND AT**

**diablovalley.assistanceleague.org**

**The Sandi Lou Back to School Scholarship**

**GUIDELINES & PROCEDURES**

Assistance League of Diablo Valley shall provide funding for a scholarship to be paid half each quarter/semester to help cover tuition, books and supplies. A recipient must remain in school to complete the term following receipt of the scholarship payment and maintain an overall minimum grade point average of 2.8 for the term following receipt of the scholarship payment. All scholarship information is confidential.

**Requirements for Application:**

1. **High school graduate or GED recipient with a minimum 2.8 GPA, planning to attend or currently enrolled in an accredited community college or vocational school.**
2. **Resident of Contra Costa County, California**
3. **All parts of the application including a personal statement, as well as one community recommendation must be completed and submitted.**
4. **All parts of application must be received in the building by March 24, 2017.**

**Incomplete or late applications will NOT be considered.**

1. **May not be a chapter member, the relative of a chapter member, an Assisteens**®**member or an employee of Assistance League of Diablo Valley.**

**Mail or deliver your complete application, with all required documentation, to:**

**Scholarships Chairman**

**Assistance League of Diablo Valley**

**2711 Buena Vista Avenue**

**Walnut Creek, CA 94597**

\*\*We will not accept faxed or e-mailed applications or grades.

Please retain copies of all materials submitted for your records.

We will not be able to return applications.

All scholarship recipients will be notified no later than **May 1, 2017.**

**GUIDELINES & PROCEDURES**

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**To be considered, applications MUST contain the following:**

* Completed application form.
* Official transcript of grades from last school attended, with the official seal of the school and signed by the Registrar or other designated school official. A copy of the transcript, with the seal and required signature, will also be accepted. If applicable, enclose GED certification.
* Personal statement describing in detail the need for the scholarship. The letter should be specific about family situation, special or unusual circumstances, financial needs, academic intentions, work experience, goals, and community involvement.
* Letter of recommendation from a member of the community describing applicant’s situation, special circumstances, work experience, participation in community, school, church or recreational activities.

*Letters of recommendation should be submitted in sealed envelopes with the initials of the signer over the sealed point of the flap and submitted with the application in one packet.*

**Criteria for Receiving the Scholarship:**

* Personal circumstances, recommendations, scholastic record, financial need, job/school activities, community involvement, educational and employment goals.
* Award recipients must maintain at least a 2.8 GPA or equivalent during the period in which they are receiving the scholarship.
* Recipients are required to complete the school term for which the award is paid out.
* Evaluation of all applications and selection of the award recipients will be made by the Assistance League of Diablo Valley Scholarships Committee.
* There will be a personal interview for semi-finalists with the Scholarships Committee, at which time the applicant must fully disclose all other scholarships, grants or financial aid they have applied for or received.

 The Sandi Lou Back to School Scholarship

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| applicant name: Last First Middle | | | |
| address: Street/PO Box | | City, State, ZIP | |
| Email Address: Cell Phone: | | | |
|  | | | |
| EDUCATIONAL BACKGROUND | | | |
| I will graduate from or did graduate from:  School (Name and City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:(MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Academic Honors or Achievements: | | | |
| Extracurricular Activities (Track, Band, or other activities): | | | |
| I plan to attend: (Name of College/Vocational School, City and State) | I have applied for admission. [ ] YES [ ] NO  I have been accepted. [ ] YES [ ] NO  I have applied for financial aid. [ ] YES [ ] NO | | |

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|  |

EMPLOYMENT EXPERIENCE

Are you working now? [ ] YES [ ] NO

If YES, complete part A below. .

|  |  |  |
| --- | --- | --- |
| **A** | Numbers of Hours Weekly | Check (✓) Appropriate Box Below:  Full-time Employment \_\_\_\_\_\_\_\_\_ Part-time Employment \_\_\_\_\_\_\_\_\_ |
|  | Type of Employment and Job Title: | |
|  | Describe Duties and Responsibilities: | |
|  |  | |
|  |  | |
|  | Do you plan to continue to work to help with school expenses? [ ] YES [ ] NO | |
| **B** | What is your prior work experience? | |
|  | Describe past work or volunteer experience: | |
|  |  | |
|  |  | |

The Sandi Lou Back to School Scholarship Application (page 2)

FINANCIAL PLANNING

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Make your best estimate of what your budget will look like for the* ***YEAR****.*

*If you go to your school’s website, a breakdown of these costs is usually provided under*

***“Cost of Attendance”***

|  |  |  |  |
| --- | --- | --- | --- |
| ESTIMATED BUDGET FOR THE SCHOLARSHIP YEAR 2016-2017 | | | |
| ESTIMATED RESOURCES (A) | | ESTIMATE EXPENSES (B) | |
| Personal Savings | $ | Tuition and Fees | $ |
| Expected Summer Earnings | $ | Books and Supplies | $ |
| Expected School Year Earnings | $ | Room and Board (rent, utilities, food) | $ |
| Pell Grant | $ | Transportation | $ |
| Cal Grant | $ | Child Care Costs (if any) | $ |
| Outside Scholarships | $ | Clothing | $ |
| Other (explain): | $ | Miscellaneous (phone, other bills) | $ |
| TOTAL (A) | $ | TOTAL (B) | $ |

\*Submit FAFSA, if available.

Additional Notes to Financial Planning if any:

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|  |  |
| --- | --- |
| Signature | Date |