



ASSISTANCE LEAGUE[®] OF DIABLO VALLEY

SCHOLARSHIPS AWARDED UP TO \$5,000

CRITERIA:

- ◆ **Community College graduate transferring to junior level status at a four year college or university**
- ◆ **Financial need**
- ◆ **A minimum grade point average of 3.0**
- ◆ **Community Involvement**
- ◆ **Resident of Contra Costa County, California**

To obtain an application, contact your Career Center, Scholarship Office or log on to diablovalley.assistanceleague.org



SCHOLARSHIP APPLICATION 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 be a full time student, 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. Present community college student (minimum 3.0 GPA) finishing the last quarter/semester and transferring to an accredited 4-year college or university.**
- 2. Resident of Contra Costa County, California.**
- 3. All parts of the application must be completed and submitted with all recommendations in order to be considered.**
- 4. Applications, including all parts, MUST be submitted by March 1, 2010. Incomplete or late applications will NOT be considered.**

Mail your complete application with any 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 1st.



GUIDELINES & PROCEDURES

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Applications **MUST** contain the following:

- ❖ A correctly filled out application form.
- ❖ An official transcript of grades, having the seal of the school and signed by the Registrar or other designated school official. We will accept copies of the transcript if it shows the seal and signature.
- ❖ A personal statement from the applicant, describing in detail the need for the scholarship. The letter should be specific about family situation and obligations, financial needs, academic intentions, work experience, school activities and involvement in any community service.
- ❖ One letter on official school letterhead, signed by an advisor or faculty member, that verifies school information and recommends applicant for this scholarship.
- ❖ One letter of recommendation from an employer or member of the community, describing applicant's services or contributions to the community.
- ❖ 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:

- Financial needs, grade point average, length of community involvement, job/school activities and recommendations.
- Award recipients must maintain at least a 2.8 GPA 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. Failure to do so will require repayment of the amount awarded.
- Evaluation of all applications and selection of the award recipient will be made by Assistance League of Diablo Valley Scholarships Committee members.
- For semi-finalists, there will be a personal interview with members of the Scholarships Committee to assist in the selection process.



SCHOLARSHIP APPLICATION

Date: _____

PERSONAL INFORMATION - Please Print

Name: _____ Date of birth: _____

Current Address: _____
(Number and Street) (City, State, ZIP code)

Telephone: _____ E-mail address _____

Present Community College: _____

If applicable, list the ages of siblings and/or dependents: _____

FAMILY INFORMATION - If a Dependent

Father's Name: _____ Mother's Name _____
(or guardian) (or guardian)

Address: _____ Address: _____
(Number and Street) (Number and Street)

(City, State, ZIP code) (City, State, ZIP code)

Home Telephone: _____ Home Telephone: _____

Father's Employer: _____ Mother's Employer: _____

Address: _____ Address: _____
(Number and Street) (Number and Street)

(City, State, ZIP code) (City, State, ZIP code)

Who will be responsible for your college expenses? _____

Estimated yearly family contribution toward education expenses _____

Family Income: (under \$50,000) (\$51,000 - \$75,000) (\$76,000 - \$100,000) (\$101,000 - \$125,000)
(Please circle one)

COLLEGE INFORMATION

Estimated tuition cost per term:_____ Estimated room and board cost per term:_____

Will you be employed during the school term:_____ Estimated annual earnings:_____

Major Subject:_____

Other financial aid or scholarships applied for or received: _____

ADDITIONAL INFORMATION – Use additional sheet if needed

Community Involvement (list each activity & the number of hours for each per week):_____

School Activities:_____

Employer & Position:_____

School Advisor’s signature is required as verification that applicant is in good standing and will graduate.

Advisor’s/Faculty Member’s Name: _____

Phone:_____ E-mail:_____

_____ Date:_____

Advisor’s signature with official school seal

I certify that all information in this application is true and complete. I understand that information contained in my application will be read and reviewed by volunteers of Assistance League of Diablo Valley Scholarships Committee.

_____ Date:_____
Applicant’s Signature

Where did you learn about the Assistance League scholarship offering?_____