

Date: _____

Las Positas SCHOLARSHIP APPLICATION (Please complete this form electronically.)

Tell us about yourself.

Last name:	First name:	Middle name:	Email:
		Birth Mo/Yr:	Phone:

Enter your mailing address or indicate if it is the same as your home address.

Street number and name:
City, State, Zip code:
Branch of Military Service
Dates of Military Service/Rank:

Colleges/Universities.

What colleges and/or universities are you applying to?
Have you been accepted to any? If so, which ones?

What subject or field do you plan to major in, and why?
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Describe your work experience or additional educational programs in which you have participated.

List activities and awards that best represent your interests and achievements, to include all extra-curricular activities in- and outside of school, as well as awards, honors, or special recognition.

This space is for a personal statement or anything else you would like to share with the Scholarship Committee.

The application is limited to two pages.

If you need more space, you may adjust the size of each cell to accommodate your entries.

Please return the following as one pdf packet:

1. your scholarship application,
2. transcripts,
3. letter of recommendation (prefer from Veterans First Program Rep)

Download as one PDF packet and email to lpcveteransfirst@laspositacollege.edu

Deadline: April 12, 2024