LAS POSITAS COLLEGE TRANSFER SCHOLARSHIP AWARDED FOR $3,000

APPLICATION CRITERIA

Graduating Las Positas College entering an accredited four-year college or university

Financial need

Community service, school activities and, if applicable, work hours

3.0 minimum grade point average

Resident of Dublin, Livermore or Pleasanton

Complete application including:
- One school recommendation
- One community recommendation
- Financial report
- FAFSA report
- Official transcript, and
- Student's personal statement

Deadline: Must be submitted by March 15, 2024

To obtain a scholarship application visit:
www.assistanceleague.org/Amador-Valley

Then click on:
Programs - Scholarship Program - Download Application
SCHOLARSHIP APPLICATION
GUIDELINES & PROCEDURES
Las Positas College Transfer Scholarship

Assistance League® of Amador Valley shall provide funding for a scholarship to help cover tuition, books, and supplies. A recipient must be a full-time student and remain in school to complete the term following receipt of the scholarship payment. All scholarship information is confidential.

Requirements for Application:

1. Graduating Las Positas College, with a minimum 3.0 GPA, enrolling in an accredited four-year college/university.

2. Resident of Dublin, Livermore or Pleasanton.

3. All parts of the application including a student personal statement, one school and one community recommendation, official transcript, SAR/FAFSA report, and financial report must be completed and submitted. Application must be signed by applicant.

4. All parts of the application must be submitted online by March 15, 2024. Incomplete or late applications will NOT be considered.

5. Applicant may not be a chapter member or the relative of a chapter member of Assistance League® of Amador Valley.

Submit your completed application with all required documentation online to:

Scholarship Chairman
Scholarships@alamadorvalley.org

Please retain copies of all materials submitted for your records.
We will not be able to return applications.
All scholarship applicants will be notified no later than May 1, 2024.

If you are selected there will be a required Awards Presentation Thursday, May 16, 2024 for the winner and their parent/guest.
Applications that will be considered MUST contain the following:

➢ A completed application form.

➢ An official transcript of grades. having the official 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 and includes 3 semester grades.

➢ A copy of Student Aid Report (SAR) award from your Free Application for Federal Student Aid (FAFSASM). Submit online with your application.

➢ A personal statement from the applicant describing in detail the need for the scholarship. The statement should be specific about family situation and obligations, financial needs, community service, academic intentions, work experience, and school activities. No more than 500 words. (double spaced). Submit online with your application.

➢ One letter of recommendation on official school letterhead signed and submitted to scholarships@alamadorvalley.org by an advisor or faculty member who verifies your school information.

➢ One letter of recommendation from a member of the community, describing services or contributions to the community. Should be submitted directly from the person making the recommendation to scholarships@alamadorvalley.org

Criteria for Receiving the Scholarship:

➢ Financial need, community involvement, job/school activities, recommendations, and grade point average.

➢ Evaluation of all applications and selection of the award recipient will be made by Assistance League of Amador Valley Scholarship Committee members.

➢ For semi-finalists, there will be a mandatory personal interview in April with members of the Scholarship Committee. At that time, applicants must fully disclose all other scholarships, grants or financial aid they have applied for or received.

➢ Recipients are required to complete each term, as full-time students, for which the award is paid out.
LAS POSITAS COLLEGE TRANSFER SCHOLARSHIP APPLICATION - page 1 of 5
Deadline March 15, 2024

To complete on your computer, use tab to move to the next question.

PERSONAL INFORMATION
Name: ___________________________ Date: ___________________________
Current Address: ___________________________ (Number and Street) (City, State, ZIP code)
Telephone - Home: ___________________________ Cell: ___________________________
Email Address: ___________________________
Present high school: ___________________________
School Address: ___________________________ (Number and Street) (City, State, ZIP code)

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)
Telephone: ___________________________ Telephone: ___________________________

FINANCIAL INFORMATION
Annual family after tax income (Required Information): $ ___________________________
What is your Expected Family Contribution (EFC from the FAFSA report)? $ ___________________________
How much money will you contribute per year? $ ___________________________
Do you have a Student Aid Report? If so, what is the award amount on the statement? $ ___________________________

Please submit a copy of your Student Aid Report (SAR) award from your Free Application for Federal Student Aid (FAFSA). _______Eligible. _______Not eligible
LAS POSITAS COLLEGE TRANSFER SCHOLARSHIP
APPLICATION - page 2 of 5

COLLEGE INFORMATION:
List colleges to which you have applied with estimated tuition and living costs per year.
List in order you are likely to be accepted and attend.

<table>
<thead>
<tr>
<th>College</th>
<th>Tuition</th>
<th>Room and Board</th>
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Anticipated Field of Study: ____________________________

FINANCIAL PLANNING
Make your best estimate of what your budget will look like for the entire school year.

<table>
<thead>
<tr>
<th>ESTIMATED BUDGET FOR THE 2024-2025 SCHOOL YEAR</th>
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<tbody>
<tr>
<td>ESTIMATED RESOURCES (A)</td>
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<tr>
<td>-------------------------</td>
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<tr>
<td>Family Contribution</td>
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<td>Personal Savings</td>
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<td>Expected Summer Earnings</td>
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<td>Expected School Year Earnings</td>
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<tr>
<td>Pell Grant</td>
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<td>Cal Grant</td>
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<tr>
<td>Other Scholarships</td>
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<tr>
<td>Other (explain below):</td>
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<td>TOTAL (A)</td>
</tr>
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</table>

Tuition and Fees $  
Books and Supplies $  
Room and Board (rent, utilities, food) $  
Transportation $  
Child Care Costs (if any) $  
Medical Insurance $  
Miscellaneous (cell phone, clothing, other bills) $  

Other (explain below): $  
TOTAL (B) $  

Additional Notes to Financial Planning if any, including "Other" from above:
_________________________________________________________

Are any family members planning to obtain a loan to assist you? If yes, enter amount: $ 
Are you planning to obtain a student loan? If yes, enter amount: $  

SchAppGuideProceduresLPCTS  9/13/23 created/mkr/revised  Revised 10/4/23 Revised 10/20/23
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ADDITIONAL INFORMATION
List your school activities, community service, and employment below:

<table>
<thead>
<tr>
<th>SCHOOL ACTIVITIES</th>
<th>Years Involved (13, 14)</th>
<th>Hours Per Year</th>
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<tr>
<th>COMMUNITY SERVICE</th>
<th>Years Involved (13, 14)</th>
<th>Hours Per Year</th>
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<tr>
<th>EMPLOYMENT</th>
<th>Years Involved (13, 14)</th>
<th>Hours Per Week</th>
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Where did you learn about the Assistance League of Amador Valley Scholarship?

________________________________________________________________________

________________________________________________________________________

School Advisor's signature is required as verification that applicant is in good standing and a full-time high school student.

Advisor/Faculty Member's Name: ___________________________________________________________________

Phone: ____________________________________________

Email: ____________________________________________

________________________________________________________________________ Date: ________________

Advisor's signature with official school seal

I certify that all information in this application is true, complete, and correct. I understand that information contained in my application will be read and reviewed by volunteers of the Assistance League® of Amador Valley Scholarship Committee. All information will remain confidential.

________________________________________________________________________

Applicant's Signature

Date: __________________________
REMINDERS:

☐ Application to be completed online.

☐ Please review your application to ensure that all required documents and signatures are included.

☐ Submit online completed application with all other documents to: Scholarship Chairman scholarships@alamadorvalley.org

☐ Questions email: scholarships@alamadorvalley.org

Please note: Application and all other documents must be submitted online by

March 15, 2024.

Incomplete or late applications will NOT be considered.