

## ASSISTANCE LEAGUE OF FULLERTON® SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Parent/Guardian Name \_\_\_\_\_ and \_\_\_\_\_

Attended La Vista High School from \_\_\_\_\_ to \_\_\_\_\_

1. College Planning to Attend: \_\_\_\_\_  
School Address \_\_\_\_\_

2. Major or Plan of Study: \_\_\_\_\_

3. The following people will write a letter of recommendation:

- Teacher/Counselor: \_\_\_\_\_
- Employer/Other: \_\_\_\_\_

4. Write two paragraphs about yourself describing the following (typed)

- Chief interests, talents, paying jobs, and your plans for the future
- Your family background and relationships

### SCHOLARSHIP INFORMATION:

- Acceptance to community college or accredited trade school will be honored
- Scholarship goes towards tuition and books (proof of receipt needed)
- Scholarship due First Tuesday of May
- Applicant will be interviewed by an Assistance League of Fullerton Committee
- Scholarship Committee will pick the winner(s), and recipient will be notified at senior breakfast
- The scholarship must be used within one year of graduation from La Vista High School

Return to Counselor