



2019 APPLICATION FOR LOCAL SCHOLARSHIPS

FOR OFFICE USE ONLY:

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Important: ALL QUESTIONS MUST BE ANSWERED

Date: _____

NAME: _____ Age: _____ Phone: _____

Home Address: _____

City: _____ ZIP: _____

FATHER/GUARDIAN: _____ Phone: _____

Business Address: _____

Occupation: _____

MOTHER/GUARDIAN: _____ Phone: _____

Business Address: _____

Occupation: _____

1 How many children are in your family? _____
Please list below:

Name	Grade	Age	Indicate parental support for each child
1.			<input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Self-Supporting
2.			<input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Self-Supporting
3.			<input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Self-Supporting
4.			<input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Self-Supporting

2 Please list dependents, other than above, receiving support from your family: _____

3

Which College or University (in order of preference) do you plan to attend?	Have you been notified of acceptance?	Where will you be living?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> On Campus <input type="checkbox"/> Other
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> On Campus <input type="checkbox"/> Other
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> On Campus <input type="checkbox"/> Other



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4 Please list a possible major: _____

5 Occupation plans: _____

6 Overall G.P.A.: _____

7 To what degree do your parents or guardians plan to finance your education? Please check one:
 Entirety Partially Room & Board at Home None

8 Many scholarships are based on need and it is impossible to present an accurate picture of your individual financial need without the following information. Last year's income tax is a reference point that indicates expendable income.
What was your parent's/guardian's adjusted income?

Income after taxes and deductions: \$ _____

Income before taxes: \$ _____

Note: Please include alimony, child support, interest, rents, and all monies reported on your tax form as income.

9 **TRANSCRIPT:** Please attach an unofficial transcript to this application.

10 **ESSAY:** Please attach a typed one-page autobiographical essay, including the following items:

- A. A summary of your activities and achievements while in high school.
- B. A description of your college plans, current goals and why you believe these are appropriate for you.
- C. An estimate of annual expenses while in college and why you need assistance in meeting these.
- D. Explain any family circumstances that we should know about, such as illness, unemployment, handicap, divorce, etc.

11 **INTERVIEW:** Finalists will be required to follow up with an in-person interview. Dates to be determined.

Please return the completed application with your typed one-page essay and transcripts, postmarked by April 22, 2019 to: MLHS Scholarship, P.O. Box 586, Monrovia, CA 91017, or to the High School's Counseling Office.