

## **THE S.L. SCHOLARSHIP FOUNDATION GRANTS**

*A non-profit foundation dedicated to creating access for students to higher education*

**Description:** Grants starting at up to \$2000, awarded to community college students entering the 2019-2020 school year.

**Qualifications:** Must be a resident of San Diego, CA  
Have at least one dependent child  
Demonstrate financial need  
Have a 2.0 grade point average  
Must be enrolled at an accredited San Diego community college  
Priority is given to students who are single parents.

**To Apply:** Print the application form. Fill out the form by hand using black or blue ink. Follow the additional instructions below.

### **Required Documentation:**

Completed application form  
One letter of recommendation, using the form found at the end of this application, from a teacher, counselor or staff member at the community college you now attend.  
Copies of your community college transcripts. College transcript must include Spring 2019 grades.

### **To Return Application:**

Make and keep a copy of your application, then mail the original, including all required documentation, to:  
S.L. Scholarship Foundation  
c/o Lisa Laube  
4435 Santa Cruz Avenue  
San Diego, CA 92107  
Application can also be scanned and emailed to  
lisalaube2@gmail.com

**APPLICATION DEADLINE SEPTEMBER 20, 2019**

**QUESTIONS? Contact Lisa Laube at [lisalaube2@gmail.com](mailto:lisalaube2@gmail.com)**

**S.L. Scholarship Foundation Grant Application**

Must be filled out completely. Please print legibly in black or blue ink.

Name: First, Middle, Last \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a U.S. citizen or a legal resident of the United States? Yes / No\*

\* (If your answer to this question is no, please do not continue. You must be a citizen or legal resident to receive this grant)

Marital Status: Single / Married / Divorced / Separated / Widowed Sex: Male / Female

List the name(s) and date(s) of birth of your dependent child(ren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Are you responsible for paying any rent? Yes / No If so, how much do you pay? \_\_\_\_\_

Where do(es) your child(ren) attend daycare? \_\_\_\_\_

Do you pay for daycare? Yes / No If so, how much do you pay? \_\_\_\_\_

High School(s) you attended: \_\_\_\_\_

Did your parents attend college? Yes / No Did any of your siblings attend college? Yes / No

College you now attend: \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

Date you entered your community college: \_\_\_\_\_

When do you plan to complete all courses required to graduate from community college?  
\_\_\_\_\_

What form of transportation do you currently use to get to school? \_\_\_\_\_

Financial Aid Information:

Do you complete your FAFSA and GPA Verification Forms annually? Yes / No

Do you receive any of the following? (Circle the name of any grant that you have been notified that you will receive)

Cal Grant Pell Grant EOPS Grant Work Study Other: \_\_\_\_\_

Do you receive the Board of Governor's Waiver? Yes / No

Estimate funds available to you for the 2019-2020 academic year from the following sources. Circle whether you have only applied for the funding or whether you have received the funding (Applied/Received), and indicate the amount if you have received the funding:

Parents, relatives, spouse or savings Amount: \_\_\_\_\_

Projected employment income Amount: \_\_\_\_\_

Social Security Benefits (SSI) Amount: \_\_\_\_\_

CalWorks/TANF/AFDC Applied / Receive Amount: \_\_\_\_\_

WIC (Food Assistance) Applied / Receive

SNAP (Food Assistance) Applied / Receive

List other grants, scholarships or loans for which you have applied for the 2019-2020 academic year, circle whether you have only applied for the funding or whether you have received the funding (Applied/Received), and indicate the amount if you have received the funding:

Name: \_\_\_\_\_ Applied / Received Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Applied / Received Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Applied / Received Amount: \_\_\_\_\_

List any school activities or athletics in which you have participated:

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List any school recognition or honors you have received:

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List home responsibilities and activities:

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List any community service which you have performed:

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What work experience have you had?

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Do you attend the Tutoring Center for help with your college course work? Yes / No

What is your major, if you have chosen one? \_\_\_\_\_



## TEACHER / COUNSELOR EVALUATION

Name of scholarship applicant \_\_\_\_\_

Your name (evaluator) \_\_\_\_\_

Position at school \_\_\_\_\_

Length of time you have been associated with this applicant \_\_\_\_\_

As an important part of this evaluation and in making the following ratings, please compare this student with his or her entire senior class. Rate the student by filling in the circles:

No basis for judgement	Average or below	Good	Excellent (top 15%)	Outstanding (top 5%)	One of the top ever encountered
0	Sense of responsibility	0	0	0	0
0	Integrity	0	0	0	0
0	Self-confidence	0	0	0	0
0	Warmth of personality	0	0	0	0
0	Sense of humor	0	0	0	0
0	Accepts criticism/advice	0	0	0	0
0	Concern for others	0	0	0	0
0	Energy	0	0	0	0
0	Maturity	0	0	0	0
0	Initiative	0	0	0	0
0	Reaction to setbacks	0	0	0	0
0	Intellectual curiosity	0	0	0	0
0	Intellectual creativity	0	0	0	0
0	Academic achievement	0	0	0	0
0	Academic promise	0	0	0	0
0	Leadership	0	0	0	0

Please comment on this student's motivation and any other factors that you think will affect their future success.

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Signature \_\_\_\_\_ Date \_\_\_\_\_