

## APPLICATION GUIDELINES

---

### Award Requirements

1. Current full-time or part-time ELAC student
2. Paid ASU member
3. Full time students with a minimum 3.0 cumulative GPA will be considered for the \$1,000. Full time students with a minimum 2.5 cumulative GPA will be considered for the \$500 scholarship. Part-time students with a minimum 2.5 cumulative GPA will be considered for the \$250 scholarship
4. Attach a copy of your unofficial transcripts AND current spring 2019 schedule
5. Completed a minimum of 12 units at ELAC (includes classes taken in the Spring, Summer, Fall & Winter semesters. Incoming students that have completed 3 units in the summer qualify for fall ASU Scholarship)
6. One (1) letter of recommendation from professor or community leader with contact information
7. One page word essay max, typed, double spaced, times new roman, and 12 pt. font

**Winners of this scholarship are unable to apply again for the same academic year**

**Essay prompt:** Please answer the following question in your essay:

**Describe your academic and career goals and your plans to achieve them and discuss any of your extracurricular/volunteer activities (both on and off campus) that you may perform.**

### **Scholarship Amount:**

<u>Main Campus</u>	<u>South Gate Campus</u>
(2) \$1,000 award for full time students	(1) \$1,000 award for full time students
(4) \$500 award for full time student	(2) \$500 award for full time student
(4) \$250 awards for part time students	(2) \$250 awards for part time students

THE DEADLINE FOR SUBMITTING THE APPLICATION IS: **Friday, April 12th, 2019 4:00 p.m.**

Please turn in completed application and all supporting items to the office of:  
**Student Activities Office in F5-212 or SGEC Front Desk.**

Document checklist for applicant:

- Completed application form
- Copy of unofficial transcripts
- Current Spring schedule
- 1 letter of recommendation (attached to application)
- One (1) page essay max

**Only Completed Applications will be accepted.**

# Application Form:

Application Due: Friday, April 12th, 2019 4:00 p.m.

## PERSONAL INFORMATION

NAME:		STUDENT IDENTIFICATION NUMBER:	
OTHER NAME(S) USED:			
MAILING ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:	CONTACT PHONE:	E-MAIL ADDRESS:	

## EDUCATION

CURRENT SCHOOL(S) ATTENDING:			
NUMBER OF COLLEGE UNITS THIS SEMESTER:	TOTAL COLLEGE UNITS COMPLETED:	UNITS TAKEN AT ELAC:	CUMULATIVE GPA:
COLLEGE MAJOR:		EXPECTED GRADUATION DATE:	
WHAT SCHOLARSHIP ARE YOU APPLYING FOR?		ARE YOU A PART OR FULL TIME STUDENT?	
Main Campus		<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
<input type="checkbox"/> FULL TIME \$1,000	South Gate		
<input type="checkbox"/> FULL TIME \$500	<input type="checkbox"/> FULL TIME \$1,000		
<input type="checkbox"/> PART TIME \$250	<input type="checkbox"/> FULL TIME \$500		
	<input type="checkbox"/> PART TIME \$250		
ARE YOU A CURRENT ASU MEMBER?			
<input type="checkbox"/> YES Membership #: _____			
<input type="checkbox"/> NO ( <i>only ASU members are eligible to apply</i> )			

I certify that the above information is true and correct \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date