APPLICATION GUIDELINES

Criteria for the ASU SCHOLARSHIP

Award Requirements:

1. Current full-time ELAC student
2. Paid ASU member
3. Student with a minimum 2.5 cumulative GPA
4. Attach a copy of your unofficial transcripts
5. Completed a minimum of 12 units at ELAC (Includes classes taken in the Spring, Summer, Fall & Winter semesters)
6. Verification of Community/School Group affiliation: From counselor, teacher, advisor, or community leader with contact information.
7. 500 to 600 words typed essay, double spaced, 12 pt. font. Please select one of the prompts below.
   a) Describe the impact attending college will have on your future. What do you hope to achieve by going to college? How will your future be impacted by getting your degree? How do you see your college aspirations and future career benefiting the community at large?
   b) Describe a person who has been uniquely influential in your life. How did this person come into your life? Describe the impact this person had in your life. How has this person and his/her perspective changed you or your perspective?
   c) Describe an obstacle or difficult life experience you had to overcome. How did you overcome it? How did the experience make you change or grow in a positive way? What advice would you give to others that have endured a similar hardship?

Scholarship Amount:

Four $500 awards will be given.

THE DEADLINE FOR SUBMITTING THE APPLICATION IS:
Friday, December 21, 2012 at 12:00 pm.

Please turn in completed application and all supporting items to the office of:
Student Activities Office in G8-119.

Awardees will be honored at the ELAC Foundation Scholarship Awards Banquet. All recipients will be contacted with further information.

Check list for applicant
- □ Completed application form
- □ Copy of transcripts
**Personal Information**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>STUDENT IDENTIFICATION NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER NAME(S) USED:</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>HOME PHONE:</td>
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</tbody>
</table>

**Education**

<table>
<thead>
<tr>
<th>CURRENT SCHOOL ATTENDING:</th>
<th>ARE YOU A HIGH SCHOOL GRADUATE? NAME OF HIGH SCHOOL ATTENDED:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>NUMBER OF COLLEGE UNITS THIS SEMESTER:</td>
<td>TOTAL COLLEGE UNITS COMPLETED:</td>
</tr>
<tr>
<td>UNITS TAKEN AT ELAC:</td>
<td>CUMULATIVE GPA</td>
</tr>
<tr>
<td>COLLEGE MAJOR:</td>
<td>EXPECTED GRADUATION DATE:</td>
</tr>
<tr>
<td>WILL YOU BE ATTENDING ELAC IN THE FALL OF 2012?</td>
<td>ARE YOU OR WILL YOU BE ATTENDING AS A FULL TIME STUDENT?</td>
</tr>
<tr>
<td>ARE YOU PLANNING ON TRANSFERRING TO A FOUR YEAR UNIVERSITY?</td>
<td>IF SO, WHEN DO YOU PLAN ON TRANSFERRING?</td>
</tr>
<tr>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>□ YES □ NO</td>
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</tbody>
</table>

I certify that the above information is true and correct__________________________            _________

Applicant Signature                  Date
VERIFICATION OF COMMUNITY/SCHOOL GROUP

Advisor, Community Leader, or Instructor – Please check the box which best describes the student:

☐ Strongly Recommend
☐ Recommend
☐ Neutral
☐ Do Not Recommend

Name of Organization: _______________________________________
Phone: __________________

Print Name ____________________________________________
Title __________________________________________________

Signature ___________________________ Date ________________

Please provide a brief description of the rating above using the criteria of the scholarship. You have the option to use this page or provide a separate recommendation letter. After completing this form or writing a recommendation letter, please place this page in a sealed envelope and return to the student.