

OWEN LOCKE MEMORIAL ENDOWED FOUNDATION

SCHOLARSHIP APPLICATION

This scholarship will fund tuition, school fees and books for scholarship applicants of California.

Applications for this scholarship will be accepted from High School graduates of California who will be attending an accredited college, university, trade school or vocational program.

Priorities for selection:

- A. High School Graduate (or equivalent GED) of California.
- B. Limited financial resources available for school but who are not eligible to be awarded funds from public or government agencies.
- C. Most individual career goals and aspirations will be considered. Proposed education must be at an accredited college, university, trade school or vocational program.

Please print or type clearly. Use extra paper if necessary.

Applicant's Name: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Phone: (____) _____ Phone #2: (____) _____ E-mail _____

Name of institution(s) applied to:

1. _____
 Not yet accepted: Accepted Anticipated entrance date: _____

2. _____
 Not yet accepted: Accepted Anticipated entrance date: _____

3. _____
 Not yet accepted: Accepted Anticipated entrance date: _____

What is your major academic interest? _____

High School: _____ City: _____

Year Graduated/GED received: _____

High School Grade Point Average (GPA): _____

SAT scores: Verbal _____ Math _____ Written _____ or ACT: _____

Have you applied for other grants? Yes No

Have you submitted a FAFSA application? Yes No

If Yes, please indicate your FAFSA Estimated Family Contribution (EFC): \$ _____

Are you currently employed? Yes No

Employer: _____

Approximate annual family income: \$ _____

Supporting how many family members/ siblings: _____

In a brief essay, write about your educational and/or vocational goals. Please include any extra curricular and community service in which you have been involved. Also include any activities or circumstances that you wish to be considered. (Attach additional paper if needed.)

Letters of Recommendation will be provided by:

<u>Name:</u>	<u>Telephone:</u>	<u>Relationship:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.) and a copy of your SAT/ACT scores (if applicable) to your application. Unofficial copies of transcripts **MUST** have been obtained / requested from the Admissions and Records Office.

I authorize Owen Locke Memorial Endowed Foundation to release my financial information and other academic records to their review committee for purposes that will be used to determine eligibility for a scholarship.

Applicant's Signature: _____ Date: _____

Return completed application to:

OWEN LOCKE MEMORIAL ENDOWED FOUNDATION
3879-B BROCKTON AVENUE
RIVERSIDE, CA 92501

RECOMMENDATION FORM FOR SCHOLARSHIP APPLICANTS

SECTION I – To be completed by the applicant.

Name of applicant _____

I waive do not waive my right to access information on the Recommendation Form.

Applicant's Signature: _____ Date: _____

SECTION II – to be completed by an academic instructor, supervisor or community leader.

1. In what capacity and how long have you known the applicant?

2. How firm is the applicant's commitment to his/her proposed field of study?

3. How would you rate the applicant in the following areas?
(If you are unable to evaluate an area, please leave it blank.)

	<u>Excellent</u>	<u>Very Good</u>	<u>Average</u>	<u>Below Average</u>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 3.

5. Additional comments:

Name _____ Title or Position _____

Signature _____ Date _____

Institution _____

Telephone _____ Fax _____ E-mail _____