

Attention: APSCS, College Counselor, Principals of: Senior, Continuation High Schools and Adult Schools

LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP) MEMORIAL SCHOLARSHIP

I. INTRODUCTION

School Psychologists from within the Los Angeles Unified School District provide funds for several scholarships in the amount of \$500 each to be awarded to qualified seniors who will graduate from District high schools. Several past recipients are now working within the Los Angeles Unified School District.

II. ELIGIBILITY CRITERIA

There are three major criteria for student applicants. They are as follows:

- A. Plan to enter the educational field.
- B. Demonstrate academic excellence or a potential for academic excellence.
- C. Demonstrate financial need to enroll in a post-secondary institution.

III. APPLICATION PROCESS

- A. <u>One application will be accepted per school</u>. It is the responsibility of the local school personnel to screen and select the candidate who will be considered by the scholarship committee.
- B. To be considered, a student must:
 - 1. Complete application forms "Personal Data Sheet" (Attachment A) and "Financial Data Sheet" (Attachment B), "Financial Aid Sheet" (Attachment C).

Information on these Data Sheets will be considered confidential and for committee use only.

- 2. Submit a *type written paragraph* stating why the applicant feels he/she should receive an award.
- 3. Provide **two (2)** letters of recommendation, one of which must be from school personnel.
- 4. Official secondary school transcript of grades.
- C. College Counselors should check the application for completeness and must forward the completed application of the selected candidate by Friday, April 5, 2019, Applications received after April 5, 2019 will not be considered.

School Mail to:

ATTN: Sharon Williams Psychological Services Local District South

Mailing Address: Sharon Williams

P.O. Box 3754

Gardena, CA 90247

D. Winners will be chosen and notified by Monday, April 22, 2019.

E. Winners may be invited to attend an event hosted by LAASP for presentation (optional).

IV. DISPOSITION OF AWARDS

- A. Award will go directly to the scholarship recipient after evidence of matriculation into a post-secondary institution is submitted. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.
- B. Award winner will receive specific instructions regarding the claiming of the award. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.

For assistance, please call or email: Sharon Williams Scholarship Chairperson (310) 703-7072 Sharonw76@aol.com

Attachments: A, B, C

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PERSONAL DATA SHEET

High School C		Date			
Contact Person		School			
Telephone					
Class Rank		Grade Point Average			
All answers wil	l be considered confidential:				
		Neatness, brevity, and legibility are desired.			
C 1:14 N		C 1			
Candidate Nam	e	Grade			
Address		Zip Code			
		1			
	-				
To which college	es have you applied?				
Have vou been a	ccepted? Yes No	If yes, where?			
		5			
What is your goa					
Check Below					
	School Psychologist				
	Teacher: Elementary Special Education				
	Secondary Teacher: Subject -				
College Teacher: Subject -					
	Other				
-	'				
List your extra opaper if necessa		s, volunteer work, community service, etc. Use extra			
Dates	Activity	Position/Office Held			
Daies	Activity	r osition/Office field			
i		1			

- Attach a paragraph stating why you feel you should receive this scholarship.
 Turn this application in to your College Counselor with the attached Financial Data Sheet and Financial Aid Sheet; two (2) letters of recommendation, at least one of which must be from a school person; and a copy of your secondary transcript of grades. **Incomplete packets cannot be considered.**

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FINANCIAL DATA SHEET

Employment and Financial Information
Approximately how much did you earn last year? This year?
What type of work?
Do you plan to work while in college?
Will you be financially able to attend the college of your choice this year without the aid of a scholarship?
What special financial burdens are there which might affect your parents' ability to help you's
Number of members in your family
Are there specific financial resources available for your continued education?

FINANCIAL AID SHEET

Total expenses (approximate) for student			Total <u>resources</u> (approximate) for student.		
Resident ()	Commuter ()		Scholarship/Grants (List Source)	(Applied for) Funds Available	
Name of College					
A. Tuition and Fees		\$			
B. Student's Room			Contributions From: Student's Parents	\$	
C. Student's Board			Student's Summer Income		
D. Books and Supplie	es				
E. Transportation			Student's Assets		
F. Other (list)			Veteran's Benefits		
			Social Security Benefits		
			Other Sources		
	TOTAL		Student's Net Term Earnings		
			Loans TOTAL		
<u>CONFIDENTIAL:</u>	This information will Psychologists Schola		by the Los Angeles Association of	of School	
<u>Important:</u>	This information is required for a scholarship application to be considered complete.				
Name of Student					
Adjusted gross income (From I.R.S. FORM 10	of family per year: _				