



**RETURN THIS FORM TO
CITY OF LA PUENTE
ATTN: SCHOLARSHIPS
COMMUNITY SERVICES
DEPARTMENT
503 N. Glendora Ave.
La Puente, CA 91744**

**APPLICATION FOR SCHOLARSHIP FOR 2021-2022 ACADEMIC YEAR
CITY OF LA PUENTE**

Name _____
Last First Middle

Address _____
Number & Street City State Zip

Telephone: Home _____ Alternate Phone _____
Email: _____ Birth date _____
Month Day Year

Applicant Eligibility Criteria

(You must be able to answer yes to the following questions to be eligible for this scholarship program)

	Yes	No
1. Are you a resident of the City of La Puente whose legal domicile is within the City limits?		
2. Can you provide proof of financial need?		
3. Can you provide the appropriate tax returns for the previous Year 2020?		

Current Status:

High School Senior _____ Adult education _____ Veteran returning to school _____

High school from which you will or have graduated _____

Year of high school graduation _____ High school grade point average _____
(Please attach a copy of your high school transcripts)

Enrollment status: _____ Entering college freshman
_____ Adult Education Student

Name of College/School you plan to attend _____

Proposed Major _____

Have you applied? _____ Been accepted? _____
(Date) (Date)

The following two questions are for veterans returning to school or adult education students.

Have you attended a college or university at any time before? _____ Yes _____ No

If yes, please list the schools below, the years attended, and the number of units completed _____

**Additional Applicant Information on Financial Need:
(If you are a high school senior please have your parents/guardian answer questions 1-6.)**

1. Are you: Married _____ Unmarried _____ (includes single, divorced, widowed)

No. of dependents _____ Ages _____
(If applicable)

List all people in household (Please include parents, spouse and self)

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you receive support from other family members?

_____ If yes, what amount? \$ _____
Yes No From Whom? _____

3. Are you currently employed? _____ Annual Income _____

4. If married, please provide spouse's annual income. \$ _____

5. What is your total annual Household Gross Income? \$ _____

6. List any household members that will be attending college during the 2021-2022 Academic Year.

<u>Name</u>	<u>College</u>	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Applicant is to answer questions 7-9.)

7. Please provide a brief explanation of your need for scholarship funds. _____

8. Feel free to add any other information that demonstrates a financial hardship that affects your ability to attend college. _____

9. Please attach a biography, not to exceed 250 words, describing your desires and future goals.

I hereby certify, under penalty of perjury, that all of the above statements are true and correct.

 (Signature of Applicant)

 (Date)

Please attach the following (refer to scholarship program guidelines)

- Proof of residency in the City of La Puente
- Unofficial high school transcripts/discharge papers
- Copy of Federal Tax Return 2020
- Three letters of reference
- A biography, not to exceed 250 words

Remember, the deadline to submit the application is Thursday, April 15, 2021 at 5:00 p.m. All supporting documents must be submitted with the application by the filing deadline.

If you have any questions, please feel free to contact the Community Services Department at (626) 855-1561 or email adominguez@lapuente.org.