

# College Tuition Assistance Program Application

# 2012



## Application Checklist:

- 1. Personal Essay:** Maximum two (2) typed pages covering topics A-E
  - A. Your future goals and objectives
  - B. Significant person(s) or event(s) that influenced your decision to pursue these goals
  - C. How your high school experience has influenced your personal growth
  - D. Why you are submitting an application to the LPF College Tuition Assistance (CTA) Program
  - E. Why you should receive a CTA stipend
  
- 2. Letters of Reference:** Two (2) letters identifying the student's strengths, skills, abilities, special talents, and reasons why the student should be considered for a scholarship.
  - One letter must be from your teacher or counselor
  - The second letter may be from a mentor, clergy, employer, etc.
  
- 3. Official Transcript:** Must be sent by the school along with copies of SAT, PSAT, or ACT test scores.
  
- 4. Proof of Income:** Income tax returns, social security award letter, public assistance budget, pension award, etc.
  
- 5. Application**

Mail all documents to:

Los Padres Foundation  
P.O. Box 305  
Nassau, DE 19969

If you have any questions, please contact us at 800-528-4105. You may also fax us documentation to 1-866-810-1361

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Please be sure that you have read all the TERMS & CONDITIONS and Application Guidelines for the College Tuition Assistance Program. Any unanswered questions will result in disqualification. If the question does not apply to you, write N/A. As an applicant for this award you must attach an official transcript from the last school attended!

\*The CTA Reunion is MANDATORY in order for you to receive the monetary award. The CTA Orientation is also MANDATORY in order to receive the award. \*\*Community Service activities be done with NON SECTARIAN groups—groups not affiliated with any specific religion.

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you a United States citizen?  Yes  No Social Security Number: \_\_\_\_\_

If not, are you a legal resident?  Yes  No Resident Alien Number: \_\_\_\_\_

Have you participated in... (check all that apply):  Vision Program  Keeping the Vision Program

## ACADEMIC INFORMATION

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax Phone #: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT Score: \_\_\_\_\_ SAT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PSAT Score: \_\_\_\_\_ PSAT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACT Score: \_\_\_\_\_ ACT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List the names and locations of the colleges and/or universities to which you have applied. State whether you have been ACCEPTED, DENIED, or if the decision is still PENDING.

Other Scholarships: Please list any other scholarships, grants, and/or loans that you have applied for. State whether they have been GRANTED or if the decision is still PENDING.

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## FAMILY INFORMATION

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_

**Highest Level of Education:**

- Some High School (no diploma)
- High School Diploma
- Some College (no degree)
- Associates Degree
- Bachelor Degree
- Post Graduate Degree

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_

**Highest Level of Education:**

- Some High School (no diploma)
- High School Diploma
- Some College (no degree)
- Associates Degree
- Bachelor Degree
- Post Graduate Degree

Are you the first generation in your family to attend college?  Yes  No

Please list the number and ages of all siblings:

How many family members, including yourself, will be attending college in the fall? \_\_\_\_\_

Please indicate year of study for each:

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## FINANCIAL INFORMATION

### ESTIMATED ANNUAL COLLEGE EXPENSES

Tuition and Fees: \_\_\_\_\_ Books & Supplies: \_\_\_\_\_ Room & Board: \_\_\_\_\_

Personal Expenses: \_\_\_\_\_ Transportation: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### ESTIMATED ANNUAL RESOURCES

Personal Savings: \_\_\_\_\_ Aid From Relatives: \_\_\_\_\_ Loans: \_\_\_\_\_

Grants: \_\_\_\_\_ Awarded Scholarships: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Mothers Annual Income: \_\_\_\_\_ Fathers Annual Income: \_\_\_\_\_

What is your family's total adjusted gross income? \_\_\_\_\_

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## REFERENCES

### FIRST REFERENCE MUST BE A TEACHER OR COUNSELOR

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### SECOND REFERENCE: Mentor, Clergy, Employer, etc.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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## AUTHORIZATION

By signing this application, I agree to:

1. Abide by the terms and conditions of the LPF CTA Program
2. Authorize LPF, if necessary, to examine your academic and personal records
3. Attest that all the information provided in this application is true, accurate and complete
4. Request honest and truthful letter of reference
5. That you have read all of the Terms and Conditions that come with the CTA Program.

**\*\*UNSIGNED APPLICATIONS WILL BE DISQUALIFIED\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_