

# College Tuition Assistance Program Renewal Application 2012



## Application Checklist:

- 1. Personal Essay:** Each question must not exceed 250 words. Explain how the knowledge and experience you have acquired in college and in your community service...
  - 1. Assisted in the pursuit of your goals and aspirations
  - 2. Contributed to the development of your community
  
- 2. Letter of Reference:** One (1) letter identifying the student's strengths, skills, abilities, special talents, and reasons why the student should be considered for a scholarship.
  - Letter could be written by a professor, mentor, employer, or clergy.
  
- 3. Official Transcript:** Must be sent from the last college/university attended
  
- 4. Community Service Certification:** Community Service Certification Form(s) must be on file by June 1. There is a link on the "Applications" page of the Los Padres Foundation website, that will allow you to download the PDF form.
  
- 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

# College Tuition Assistance Program Renewal Application 2012



Be sure that you have read all the TERMS & CONDITIONS for the College Tuition Assistance Program Renewal Application. 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!

\*Community Service activities be done with NON SECTARIAN groups—groups not affiliated with any specific religion.

## PERSONAL INFORMATION

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

Social Security Number: \_\_\_\_\_ Resident Alien Number: \_\_\_\_\_

Student ID #: \_\_\_\_\_ E-mai: \_\_\_\_\_

Home Address (permanent): \_\_\_\_\_

Campus Address (dorm/private apt): \_\_\_\_\_

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

Dorm Phone #: \_\_\_\_\_ College/University attending: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

How many times have you received a Los Padres Foundation CTA stipend?: \_\_\_\_\_

Indicate the year(s) you received the CTA stipend: \_\_\_\_\_

What year of study are you currently enrolled in?: \_\_\_\_\_

Have you been on the LPF CTA Community Service Probation?:  Yes  No

If yes, what year(s)?: \_\_\_\_\_

Have you been on the LPF CTA Academic Probation?:  Yes  No

If yes, what year(s)?: \_\_\_\_\_

Current GPA: \_\_\_\_\_

List any and all awards and or honors you have received:

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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? \_\_\_\_\_

Other Scholarships: Please list any other scholarships, grants, and/or loans you have applied for or have been awarded and the amount . Please state whether they have been GRANTED or still PENDING.

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## COMMUNITY SERVICE

**COMMUNITY SERVICE CERTIFICATION FORM(S) MUST BE ON FILE BY JUNE 1. THERE IS A LINK ON THE "APPLICATIONS" PAGE OF THE LPF WEBSITE THAT WILL ALLOW YOU TO DOWNLOAD THE FORM.**

Organization: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Hours Served: \_\_\_\_\_

Would you recommend this organization? Explain:

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## REFERENCES

**REFERENCE MAY BE WRITTEN BY A PROFESSOR, MENTOR, EMPLOYER, OR CLERGY**

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

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

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

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

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## REFERENCES

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

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

Work Phone #: \_\_\_\_\_

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

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## AUTHORIZATION

By signing this application, I agree to:

1. Forwarding to LPF my Official Transcript
2. Request an honest and truthful letter of reference
3. Request completion of the LPF Community Service Form(s) to certify 100 hours of volunteer community service
4. It is my responsibility to ensure that LPF receives the Community Service Form(s), letter from my reference, and my Official Transcript by JUNE 1.
5. Abide by the terms and conditions of the LPF CTA Program
6. Authorize LPF, if necessary, to examine my academic and personal records
7. Attest that all of the information provided in this application is true, accurate, and complete

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

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