

LEON OWENS FOUNDATION

Scholarship Application

Application Deadline

Eligibility

General Information

March 22, 2019

Application must be post marked by the due date

Any student who lives or attends school in the surrounding metropolitan area within a 50 miles radius of Orange County, Los Angeles, Riverside, and San Bernardino is eligible to apply for a scholarship.

Scholarship awards will be \$1000.00 minimum. To be considered for scholarships, students must be enrolled for a minimum of 6 units the Fall semester of the upcoming academic year and generally must have a minimum college grade point average of 2.5. Successful candidates will be notified in May for Fall semester. Scholarship funds are held until fall enrollment is verified. *Previous scholarship award winners are not eligible to apply*.

* Two letters of recommendation from a school faculty or staff member and an official transcript are required to complete the application. Only completed applications will be considered.

Use black ink or type to complete application

The Leon Owens Foundation is a non-discriminatory organization.

"MAKING A DIFFERENCE TOGETHER"

STUDENT INFORMATION
(Please print or type) BLACK INK ONLY

EDUCATION

STUDENT'S
FINANCIAL
INFORMATION

Check one: ☐ Mr. ☐ Mrs. ☐ Ms.	☐ Miss					
Name:						
First	Middle	e	Last			
Address:Street	City		State 2	Zip		
	•			•		
Phone No	Stu	dent ID No				
Check one: ☐ U.S. Citizen ☐ Visa	☐ Email					
Are you a high school graduate/GED? If yes, name of school if no, explain						
Colleges Attended	From/To	Units Completed	Units in Progress	Cum. GPA		
Where will you be attending college i University or College which you inten						
oniversity of College which you inten	a to transier		iviajor			
City	State	Zip Code	Phone No.			
•		·				
Documentation of financial information is Check one: Single Married D	•	•	rms)			
Number of units you expect to take:_	Career Goa	ll:	Completion Ye	ear:		
Documentation of financial information is required (Current Pay Stubs & W-2 Forms)						
Check one: ☐ Single ☐ Married	□ Divorce □ Se	eparated 🖵 Wide	owed			
				C II		
Number of dependent children			Number in	College		
Your employer			Monthly gr	oss salary		
Spouse employer			Monthly gr	oss salary		
Spouse's Address	City		State			
Your Social Security Number		Spous	se's Social Securit	y Number		
Check other sources of income from the following:						
□ Social Security □ AFDC □ Veteran Benefits □ BOGG						
☐ Federal PellI Grants ☐ EOPS Grants ☐ Loans ☐ Trust Fund						
Other sources of income not listed aboveCurrent college financial aid \$						
Describe any unusual financial circumstances (use additional sheet, if necessary):						

If you do not plan to work in	the summer, please	explain why:			
List your employment since June of Last Year:					
Employer	Job Title/Duties	Date (From/To)	Units in Progress	Hours/Rat Hours/Wee	
Do you reside with parent(s)	?Number of	other dependent	children at res	sidence	
Number of dependent child	en Number i	n College			
Your employer Monthly gro	ss salary				
Explain any unusual circums	tances which may pro		sistance from	your parent(s	
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Number of family members of Explain any unusual circums next year. (Use additional sh	tances which may property.	event financial as:			
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Explain any unusual circums next year. (Use additional short year. additional short year. (Use additional short year. (Use additional short year.) List all pertinent information (Ise., lab wear)	relating to your extr	event financial ass			

PARENT'S FINANCIAL INFORMATION

SCHOOL &
COMMUNITY
ACTIVITIES IN THE

LAST 18 MONTHS APPLICANT'S STATEMENT

or print or personal o	c: How will education make a difference in my community (150-200 words, type nly). Please indicate any special circumstance to be considered (i.e. extensive or family medical problems, reduction in family income, one part family, etcUse nal sheet of paper if necessary). Write legibly.
RELEASE:	I hereby authorize release of all the foregoing scholarship and transcript information and any other pertinent information required to any organization or individual involved in the selection of scholarship recipients. I also give permission to release my name and or photo to the donor and newspapers for publicity purposes.
	Signature of Applicant Date
∗ Only Co	ompleted Applications will be considered *
Check list	:
☐ Officia	l Transcripts (Sealed)
☐ Two Le	etters of Recommendation
Pay Stu	ub - Student and Parents (photo copies)
☐ Parent	(s) Tax Form (1040 prior two years, photo copies)
☐ W-2 Fo	orms (photo copies)
	Mail Application To:

Mail Application To: **Leon Owens Foundation** Attn: Scholarship Committee 1105 S. Euclid St. Suite D-349 Fullerton, California 92832