April 22, 2022
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”
Check one:  Mr.  Mrs.  Ms.  Miss

Name: ____________________________________________________________________________
  First  Middle  Last

Address: ____________________________________________________________________________
  Street  City  State  Zip

Phone No. ____________________________  Student ID No. ________________________

Check one:  U.S. Citizen  Visa  Email ____________________________________________

Are you a high school graduate/GED?  Yes  No
If yes, name of school ___________________________________________________________________
if no, explain _________________________________________________________________________

Where will you be attending college in the fall and departure date: ____________________________
University or College which you intend to transfer ________________  Major ________________
_____________________________________________________________________________________
  City  State  Zip Code  Phone No.

Documentation of financial information is required (Current Pay Stubs & W-2 Forms)
Check one:  Single  Married  Divorce  Separated  Widowed
Number of units you expect to take:______  Career Goal:________________________  Completion Year:_______

Documentation of financial information is required (Current Pay Stubs & W-2 Forms)
Check one:  Single  Married  Divorce  Separated  Widowed

Number of dependent children  Number in College

Your employer  Monthly gross salary
Spouse employer  Monthly gross salary

Spouse's Address  City  State

Your Social Security Number  Spouse's Social Security Number

Check other sources of income from the following:
  Social Security  AFDC  Veteran Benefits  BOGG
  Federal Pell Grants  EOPS Grants  Loans  Trust Fund

Other sources of income not listed above________________Current college financial aid $___________

Describe any unusual financial circumstances (use additional sheet, if necessary):
How much will you be able to contribute towards your education from next summer’s earnings?

______________________________________________________________________________

If you do not plan to work in the summer, please explain why:

______________________________________________________________________________

List your employment since June of Last Year:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Job Title/Duties</th>
<th>Date (From/To)</th>
<th>Units in Progress</th>
<th>Hours/Rate Hours/Week</th>
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Do you reside with parent(s)?_______Number of other dependent children at residence_______

Number of dependent children  Number in College

Your employer  Monthly gross salary

Number of family members attending college:__________

Explain any unusual circumstances which may prevent financial assistance from your parent(s) next year. (Use additional sheet, if necessary):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

List all pertinent information relating to your extracurricular activities, including leadership roles:

Class Participation (i.e., lab work, field trips, internship)

Student Government Participation

Committee Participation

Club Participation

Community Participation

Athletics Participation

Other Participation

Awards Received
Essay Topic: How will education make a difference in my community (150-200 words, type or print only). Please indicate any special circumstance to be considered (i.e. extensive personal or family medical problems, reduction in family income, one part family, etc...Use an additional sheet of paper if necessary). Write legibly.

___________________________________________________________________________
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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 Completed Applications will be considered *

**Check list**

❑ Official Transcripts (Sealed)
❑ Two Letters of Recommendation
❑ Pay Stub - Student and Parents (photo copies)
❑ Parent(s) Tax Form (1040 prior two years, photo copies)
❑ W-2 Forms (photo copies)

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