



LEON OWENS FOUNDATION

Scholarship Application

Application Deadline

April 19, 2024

Application must be post marked by the due date

Eligibility

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.

General Information

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

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 _____

Colleges Attended	From/To	Units Completed	Units in Progress	Cum. GPA

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):

STUDENT'S FINANCIAL INFORMATION

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:

Employer	Job Title/Duties	Date (From/To)	Units in Progress	Hours/Rate Hours/Week

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

**PARENT'S
FINANCIAL
INFORMATION**

**SCHOOL &
COMMUNITY
ACTIVITIES IN THE
LAST 18
MONTHS**

**APPLICANT'S
STATEMENT**

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.

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