# Place your organization logo here

# February 7, 2020

# Attention: APSCS, College Counselor, Principals of: Senior, Continuation High Schools and Adult Schools

**LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)**

## **MEMORIAL SCHOLARSHIP**

# **INTRODUCTION**

School Psychologists from within the Los Angeles Unified School District provide funds for several scholarships in the amount of $500 each to be awarded to qualified seniors who will graduate from District high schools. Several past recipients are now working within the Los Angeles Unified School District.

1. **ELIGIBILITY CRITERIA**

There are three major criteria for student applicants. They are as follows:

1. Plan to enter the educational field.
2. Demonstrate academic excellence or a potential for academic excellence.
3. Demonstrate financial need to enroll in a post-secondary institution.
4. **APPLICATION PROCESS**

A. ***One application will be accepted per school.*** It is the responsibility of the local school personnel to screen and select the candidate who will be considered by the scholarship committee.

1. To be considered, a student must:

1. Complete application forms – “Personal Data Sheet” (Attachment A) and “Financial Data Sheet” (Attachment B), “Financial Aid Sheet” (Attachment C).

Information on these Data Sheets will be considered confidential and for committee use only.

2. Submit a ***type written paragraph*** stating why the applicant feels he/she should receive an award.

3. Provide **two (2)** letters of recommendation, one of which must be from school personnel.

4. **Official** secondary school transcript of grades.

C. **College Counselors should check the application for completeness and must forward the completed application of the selected candidate by Friday, April 10, 2020, Applications received after April 10, 2020 will not be considered.**

**School Mail to:**

### **ATTN: Sharon Williams**

**Psychological Services**

**Local District South**

**Mailing Address: Sharon Williams**

**P.O. Box 3754**

**Gardena, CA 90247**

1. ***Winners will be chosen and notified by Monday, April 27, 2020***.
2. Winners may be invited to attend an event hosted by LAASP for presentation (optional).
3. **DISPOSITION OF AWARDS**

A. Award will go directly to the scholarship recipient after evidence of matriculation into a post-secondary institution is submitted. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.

B. Award winner will receive specific instructions regarding the claiming of the award. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.

**For assistance, please call or email:**

**Sharon Williams**

**Scholarship Chairperson**

**(310) 703-7072**

**Sharonw76@aol.com**

Attachments: A, B, C

LOS ANGELES UNIFIED SCHOOL DISTRICT ATTACHMENT A

LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)

MEMORIAL SCHOLARSHIP

PERSONAL DATA SHEET

# **High School Counselor/Staff** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Point Average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All answers will be considered confidential:

Please complete this form in ink or on a computer. Neatness, brevity, and legibility are desired.

Candidate Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Information: Major emphasis in High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To which colleges have you applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been accepted? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your goal?

|  |  |
| --- | --- |
| Check Below | Career Choice: |
|  | School Psychologist |
|  | Teacher: \_\_\_\_ Elementary \_\_\_\_ Special Education |
|  | Secondary Teacher: Subject - |
|  | College Teacher: Subject - |
|  | Counselor |
|  | Other |

List your extra curricular activities, clubs, teams, volunteer work, community service, etc. Use extra paper if necessary.

|  |  |  |
| --- | --- | --- |
| Dates | Activity | Position/Office Held |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Attach a paragraph stating why you feel you should receive this scholarship.

2. Turn this application in to your College Counselor with the attached Financial Data Sheet and Financial Aid Sheet; two (2) letters of recommendation, at least one of which must be from a school person; and a copy of your secondary transcript of grades. **Incomplete packets cannot be considered.**

LOS ANGELES UNIFIED SCHOOL DISTRICT

ATTACHMENT B

LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)

MEMORIAL SCHOLARSHIP

FINANCIAL DATA SHEET

# Employment and Financial Information

Approximately how much did you earn last year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This year? \_\_\_\_\_\_\_\_\_\_

What type of work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to work while in college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be financially able to attend the college of your choice this year without the aid of a scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What special financial burdens are there which might affect your parents’ ability to help you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of members in your family \_\_\_\_\_\_\_\_\_

Are there specific financial resources available for your continued education?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LOS ANGELES UNIFIED SCHOOL DISTRICT

ATTACHMENT C

LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)

MEMORIAL SCHOLARSHIP

FINANCIAL AID SHEET

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total expenses (approximate) for student Total resources (approximate) for student.

|  |  |  |  |
| --- | --- | --- | --- |
| Resident ( ) Commuter ( ) |  | Scholarship/Grants | (Applied for) |
|  |  | (List Source) | Funds Available |
|  |  |  |  |
| Name of College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| A. Tuition and Fees | $ \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| B. Student’s Room | \_\_\_\_\_\_\_\_\_\_ | Contributions From: | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Student’s Parents |  |
|  |  |  |  |
| C. Student’s Board | \_\_\_\_\_\_\_\_\_\_ | Student’s Summer | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Income |  |
|  |  |  |  |
| D. Books and Supplies | \_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| E. Transportation | \_\_\_\_\_\_\_\_\_\_ | Student’s Assets | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| F. Other (list) | \_\_\_\_\_\_\_\_\_\_ | Veteran’s Benefits | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  | Social Security Benefits | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  | Other Sources | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  | Student’s Net Term | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL | \_\_\_\_\_\_\_\_\_\_\_ | Earnings |  |
|  |  |  |  |
|  |  | Loans | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | TOTAL |  |

CONFIDENTIAL: This information will be used only by the Los Angeles Association of School Psychologists Scholarship Committee.

Important: This information is required for a scholarship application to be considered complete.

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjusted gross income of family per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From I.R.S. FORM 1040)