

Scholarship Application 2009-10

Assistance League of Phoenix enriches lives and fosters self-esteem by reaching out to the community through volunteers and Philanthropic Programs.

Assistance League of Phoenix Scholarships are designed to provide assistance to students who have demonstrated financial need and have shown ability, aptitude and a promise of useful citizenship.

Scholarship Award Amount: \$1700.00 per semester, renewable each semester for up to 5 semesters in undergraduate degree. Scholarship is to be used toward any direct educational expenses (tuition, books, etc.)

To be eligible for the scholarship, an applicant must:

- Be admitted to an undergraduate program and enrolled as a full-time student (12 credit hours per semester at the university), majoring in any field at one of the Arizona's accredited Universities during the 2009-10 academic year.
- Be a Junior or Senior.
- Have a demonstrated financial need (as determined by FAFSA).
- Be in good standing with the University.
- Must have a minimum 3.00 Cumulative GPA each semester.
- Must be a US Citizen and Arizona resident

Application Procedure (please submit in this order):

1. Completed Assistance League of Phoenix Scholarship Application.
2. Personal statement describing:
 - Personal and family background.
 - Education and career goals.
 - How this scholarship will assist in achieving your education and career goals.
3. Current Resume with separate sheet listing extracurricular activities, honors, professional memberships and any community service done (include years of involvement and contact information).
4. Three letters of reference – two from college faculty and one from an employer, if applicable, or other source of your choice.
5. Complete and attach the Cost of Attendance Budget Form. Budgets should be based on the whole academic year (August to May).
6. Attach copy of your most recent transcripts (unofficial copies are acceptable).
7. Wallet size photo (does not have to be professional, any snap shot will do).

Please submit the application and all required material (in one envelope) to our office by :

March 31, 2009 for Fall semester 2009

September 30, 2009 for Spring 2010

To:

Assistance League of Phoenix – Scholarship Committee

9224 N. 5th Street

Phoenix, AZ 85020

Note:

- No application materials will be returned. You are encouraged to keep a copy for your records.

Incomplete, Late or Faxed applications will not be considered.

For questions regarding this scholarship, please contact Assistance League of Phoenix by phone (602) 944-7636.

ASSISTANCE LEAGUE OF PHOENIX SCHOLARSHIP 2009-10 APPLICATION FORM

DEADLINE: March 31, 2009 for Fall 2009 | September 30, 2009 for Spring 2010

PLEASE PRINT OR TYPE ALL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City State & Zip

Local Phone: _____ SS # _____ - _____ - _____

ASU ID Number: _____

Email Address: _____

Are you a citizen of the United States? Yes No Birth Date: _____

Are you a legal resident of Arizona? Yes No

Number of years at this address: _____

College/Department: _____ MAJOR: _____

Academic Level in 2008/2009: _____ Junior | _____ Senior

Anticipated Graduation Date for Bachelor Degree (month/year): _____

***** All Applicants ***
Consent To Release Records**

The 1974 Federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of educational records that the university maintains about me. By signing below, I give permission for ASU to disclose to the donor and any review committee the information provided in connection with this scholarship application for the purpose of the review of my application, and the administration and promotion of the scholarship program. This may include information from my educational records, such as my official transcripts, letters of recommendation, and financial aid information. This permission is granted for each semester I am awarded a scholarship from the Assistance League of Phoenix.

I certify that the information throughout this application is accurate and that misrepresentation of any facts or details could result in ineligibility for any scholarships/awards.

Student Name	Student Signature	Date
Assistance League of Phoenix Cost of Attendance/Budget Form		

(Please estimate expenses and revenue for the entire academic year (August – May))

EXPENSES

AMOUNT

Tuition & Fees:	_____
Books/Supplies:	_____
Room/Board:	_____
• Dorm/Rent	_____
• Food	_____
• Utilities	_____
• Telephone/Cell	_____
• Internet	_____
Personal Expenses:	_____
• Clothing	_____
• Laundry	_____
• Health Insurance	_____
• Organizational Dues	_____
• Recreational	_____
• Other monthly costs (list) _____	_____
Transportation:	_____
• Insurance	_____
• Car Payments	_____
• Maintenance Costs	_____
• Bus Fare	_____
TOTAL:	_____

FINANCIAL RESOURCES

AMOUNT

Grants (Pell, SEOG, University, LEAP, ASU, SA Trust):	_____
Federal Loans (Perkins, Subsidized, Unsubsidized, PLUS):	_____
Scholarships:	_____
Personal Earnings (from work):	_____
Personal Savings:	_____
Spouse's Earnings:	_____
Parental Support:	_____
Welfare:	_____
Social Security	_____
Other support not listed (describe) _____:	_____
TOTAL RESOURCES:	_____

