



## Bernard Osher Foundation (California Community Colleges)

# Scholarship Application

**Overview:** (6) \$1000 awards -\$500 per semester.

**Eligibility:** Financial need top priority, completion of 24 degree-applicable units at the time of disbursement. Be enrolled in at least 12 units at LASC. Qualify for BOGG fee waiver.

Applicants must be making satisfactory progress toward a degree, academic performance, such as grades or test scores, shall not be considered by the selection committee.

### I. APPLICATION REQUIREMENTS

1. Fill out the application form completely and sign.
2. In 500 words or less, clearly describe your most meaningful achievements and how they relate to your future goals.
3. Essays MUST be typed and submitted with completed application information.
4. Applicants must provide an unofficial LASC transcript and official transcripts from institutions outside the Los Angeles Community College District.
5. Applicant must provide two letters of recommendation; one must be from a supervisor, faculty member or other individual knowledgeable of applicant's qualifications.
6. Application must be submitted by:  
**Tuesday, October 18, 2011 @ 3pm in SSB 229 –  
Transfer Center office**



Name: (First)\_\_\_\_\_ (Middle)\_\_\_\_\_ (Last)\_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: *(Include area code)* \_\_\_\_\_ Cell Phone: *(Include area code)* \_\_\_\_\_

LASC ID # \_\_\_\_\_ Email *(if available)*: \_\_\_\_\_

Birthdate: *(mm/dd/yyyy)* \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Cumulative GPA: \_\_\_\_\_ Major(s) \_\_\_\_\_

School activities applicant is involved in:

---

---

---

---

Community activities applicant is or was involved in during the past two years:

---

---

---

---

Future plans and goals:

---

---

---

---

I hereby certify that the information I have submitted as correct. I authorize the release of this information to members of the Los Angeles Southwest College Scholarship Committee and will provide additional information or verification upon request.

If granted the scholarship, I agree to the conditions established for this scholarship award by Bernard Osher Foundation (California Community Colleges). I understand that this scholarship award is contingent upon the financial support.

Applicant's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_