



COMMUNITY ACADEMICS MENTORING

13636 Ventura Boulevard Suite 474
Sherman Oaks, CA 91423
Phone: (310) 614-6979

Office Use Only

Application ID #: _____

Eligible: Ineligible:

Major (if applicable): _____

G. P. A.: _____

HS Applicant: College:

Expected Grad. Date: _____

Transcripts Included: Yes No

Personal Statement: Yes No

SCHOLARSHIP APPLICATION

Deadline: _____

Name: _____ Telephone: (____) _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Email Address: _____

DOB: ____/____/____ Are you or have you ever served in the military? Yes No
MONTH DAY YEAR

Please check your race/ethnic group. (This will be used for statistical record keeping information only):

- Caucasian/White
- Black/African American
- Native American
- Asian/Asian American
- Hispanic/Latino(a)
- Other (Specify): _____

High School Name: _____ Graduation Date: ____/____
MONTH YEAR

College/University and/or Vocational/Occupational Program of Choice:

Location: (City) _____ (State) _____

Beginning as a Freshmen Transferring Continuing Completing

Graduation Date: ____/____/____
MONTH YEAR

Desired Major/Program: _____

Occupation for which you are preparing: _____

Are you currently employed? Yes No

Company Name: _____ Company Phone Number: (____) ____ - ____

Company Address: _____
Street City State Zip

Supervisors Name: _____

Title/Position: _____ Average Number of weekly hours: _____

Current Pay: \$ _____ Salary Per Week Per Hour

How long employed: _____ Months _____ Years

If employed, please attach verification of employment from your employer on company letterhead.

Do you plan on working while pursuing your education? Yes No Weekly Hours: _____