

2009 Lowell Alumni Association Scholarship Application

Application Deadline: April 15, 2009, Wednesday

Print or Type: Submit 3 copies with a photo and transcript.

Name _____

(Last, First, Middle Initial)

Reg. No. _____ Counselor _____

Address/Zip _____ Phone _____

Email _____ Date of Birth _____

Place of Birth _____ Sex: M F Year Started School _____

Weighted GPA _____ SAT-V _____ SAT-M _____ SAT-W _____ SAT II _____

AP Exams (list subjects and scores)

Sophomore _____

Junior _____

Senior _____

Did you receive Lowell Alumni assistance on your AP's? _____ How much? _____

1. College/University you plan to attend: _____

2. Why did you select this school? _____

3. Estimated yearly college expenses:

Tuition/Fees _____

Room/Board _____

Books/Supplies _____

Travel _____

Other _____

Estimated Total yearly Expenses _____

Amount Family is covering _____

4. College living arrangement: Home _____ Dorm _____ Apt. _____ Other _____

5. Intended field of study _____

6. Have you completed the student aid application for California? _____

Receive any assistance? _____ What or how much? _____

7. List all other scholarships for which you applied. Please indicate whether notification of award and amount received. _____

8. If you are presently working or have worked, please fill in below

Employer Job Description Date of Employment

Employer	Job Description	Date of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Why do you feel you should receive a Lowell Alumni Association Scholarship?

On a separate sheet of paper, please provide the following:

- School and /or community service, any volunteer work while at Lowell (in and out of school). Include offices held and awards earned.
- Describe any of your special interests, hobbies, and talents
- Tell us anything else you wish about yourself or your family circumstances.
- Tell us your best and worst moment at Lowell.
- Why or for what will your class remember you?

I certify that the foregoing statements are true to the best of my knowledge.

Date _____ Signature _____

Attach your school transcript.

**Please return 3 copies of this application to the VICCI Center no later than
Wednesday, April 15, 2009**

**Late Application will not be considered.
Scholarships are for current Lowell Students.**

Parent Financial Information

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Please print or type 3 copies. All information will be held in confidence.

NOTE: You need not submit this information if you are not seeking scholarship assistance based upon financial need.

Student Name _____

Father's Name _____ Address _____

Employer _____ 2008 Gross Income _____

Mother's Name _____ Address _____

Employer _____ 2008 Gross Income _____

List names, ages, and school of all children, including applicant dependent on you for financial support: _____

Are you assisting other children with college expenses? _____

Applicant lives with Mother _____ Father _____ Both _____ Other _____

Major monthly expenses: Rent\$ _____ Mortgage\$ _____ Auto\$ _____

Other (detail) _____

Explain any special family circumstances, such as divorce or death of a parent, which will affect applicant's financial situation _____

Person completing this form relationship to applicant: _____

I certify that the foregoing statements are true to the best of my knowledge.

Date _____ Signature (mother) _____

Date _____ Signature (father) _____

