

**MABEL WILSON RICHARDS SCHOLARSHIP
APPLICATION FOR FINANCIAL ASSISTANCE**

Beginning _____
(Month) (Year)

I. PERSONAL INFORMATION

1. Name (Miss, Mrs.) _____
(Last) (First) (Middle)
2. Local Address _____ Telephone _____
(Number & Street) (City) (State) (ZIP)
- Permanent Address _____ Telephone _____
(Number & Street) (City) (State) (ZIP)
3. Date of Birth _____ Place of Birth _____
Marital Status _____ Maiden Name _____
4. Social Security Number _____
5. Name of Parents or Guardian _____
6. Address of Parents or Guardian _____
(Number & Street) (City) (State) (ZIP)
7. You are a: U.S. Citizen Permanent Resident of U.S.

II. EDUCATIONAL INFORMATION

1. List all of your educationalexperience to date:
- | Name of High School or College | Dates Attended | Graduating Date | Degrees | Grade Pt. Average |
|--------------------------------|----------------|-----------------|---------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
2. Your classification during the semester(s) for which financial assistance is requested:
Freshman Sophomore Junior Senior Fifth Year or Graduate
3. Your expected degree and date of graduation: BA BS Other (Explain) _____
 January, 20 ____ June, 20 ____
4. Present Major _____ Proposed Occupation or Profession _____
School or College Registered in _____
5. You are a: Returning Student Continuing Student Transfer from another College
 Entering Student from High School and enrolled as a full-time student, taking at least the minimum number of units to maintain that status each quarter / semester / term.
6. Number of letter-grade units you expect to carry each Semester: Fall _____ Spring _____
Number of letter-grade units you expect to carry each Quarter: Fall _____ Winter _____ Spring _____
(Undergraduate minimum - 12 units per semester - 24 units per academic year.
(Graduate minimum - 8 units per semester - 16 units per academic year.

III. ACTIVITY AND WORK INFORMATION

1. List high school, college and community activities including offices held and awards received: (Use separate sheet if necessary)
- | Organization | Offices/Awards | Period of Time |
|--------------|----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
2. List work experience during last four years:
- | Type of Work | Type of Company | Length of Time |
|--------------|-----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IV. Applicant's Income Per Year

Family or Friends	\$
Govt. Sources (Other than loans)	\$
Earnings of Husband (Net)	\$
Savings, etc.	\$
Applicant's Earnings	\$
	\$
Scholarships, Grants, Etc. (Specify)	\$
Loans (Specify)	\$
Welfare Benefits (Specify)	\$
Other Sources (Specify)	\$
TOTAL INCOME	\$

Applicant's Expenses Per Year

Tuition and Fees	\$
Books, Supplies, Etc.	\$
Housing	\$
Food	\$
Medical	\$
Transportation	\$
Personal Clothing, etc.	\$
Utilities	\$
Other Expenses (Specify)	\$
TOTAL EXPENSES	\$

APPLICANT'S ASSETS

Savings \$	Stocks or Bonds \$
Other Investments	\$
Insurance (Cash-Loan Value) \$	Dollar Value of Car
Equity in House or other Real Estate	\$
Share in Business or Farm	\$
TOTAL ASSETS	\$

APPLICANT'S LIABILITIES

Loans \$	Mortgage \$
Insurance Premiums	\$
Other (Specify)	\$
TOTAL LIABILITIES	\$

Occupation:

Mother _____

Father _____

Husband _____

Income:

Mother _____ \$

Father _____ \$

V. CERTIFICATION (Applicant's Statement)

In case I am granted this scholarship I hereby certify that:

- I am in need of the scholarship in order to continue my college work this semester or year
- I am a full-time college student:
 - Undergraduate minimum 12 letter-grade units per semester 24 letter-grade units per year
 - Graduate minimum 8 units per semester 16 units per year
- I will use the scholarship only for the payment of tuition and required fees, board and room, and similar living expenses and for instructional equipment, materials and books this semester or year or period designated for scholarship award.
- I hereby acknowledge that the information submitted herewith is true and correct and I agree to abide by the terms and conditions of the scholarship if it is approved and accepted by me.
- I hereby state that I am a resident of the Los Angeles area and have been for the past two years. I further state that I am not considered a non-resident according to the terms of this trust.
- I hereby consent to release of my grades to the Trustee of The Mabel Wilson Richards Scholarship Fund.

DATE _____ SIGNATURE OF APPLICANT _____

VI. *Must* be completed by the School Scholarship Award or an Administrative Officer of _____

Please execute the following statement:

To the best of my knowledge, this applicant has demonstrated high moral character and good citizenship while in attendance at this school. Her grade point average is _____ and she meets all qualifications of the Mabel Wilson Richards Scholarship Fund. I recommend \$ _____ for the year or semester . A progress report of this student will be forwarded to the Trustees at the end of each period; i.e., quarter or semester, for which the grant was made showing number of letter-grade units attempted, number completed and the GPA.

Date _____ School _____ Position _____ Signature _____