

2018 Independent Living Program-Celebration II Scholarship Application

Please fax, email or hand deliver this application to your assigned
ILP / Transition Coordinator by Friday, July 6, 2018

Please fill out the following questions to be considered for a scholarship.

Part I: TO BE COMPLETED BY STUDENT

Last Name:	First Name:	Birth Date:	Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Address: _____		
	Number	Street	Apt # City State Zip Code
Home #	Cell #	Email:	
ILP Coordinator's Name:		ILP Coordinator's Telephone #	

Education Planning Section

1. I have already been accepted to: _____.
2. I plan to attend _____ College / Trade School beginning _____.
3. I have confirmed that registration/dorm move-in begins on ____/____/____.
4. My college / vocational major will be _____ and my career goal is _____.

To be considered for a scholarship, you must be ILP eligible, submit your transcripts and a 1 ½ page statement/essay describing any accomplishments, challenges you have experienced and your future educational/career goals.

By signing and submitting this application, I agree to attend the Independent Living Program Celebration II Event on **Thursday, August 02, 2018**. Please arrive at 1:00 p.m. to register, the event will be held at Los Angeles Trade Tech College, Guardian Scholars Program, South Tent, 400 W. Washington Blvd., Los Angeles, CA 90015. **Please Note: Students who do not attend the event, will not be eligible to receive a scholarship.** By signing this application, I also understand and approve this application to be shared with potential scholarship donors.

Student Signature: _____ Date: _____

Part II: TO BE COMPLETED BY THE INDEPENDENT LIVING PROGRAM / TRANSITION COORDINATOR.

The above student is on track to graduate by Summer 2018 (circle one): Yes, or No
Student's expected graduation date (specify month): _____

I have reviewed the application and I confirm that this youth is ILP eligible and meets the requirements to participate in Celebration II 2018. Please see attached documentation.

ILP Coordinator's Name _____ Signature _____ Date _____

Transporter's Name _____ Telephone (cell) number _____