Student's Name:	DCFS/Probation Case #:
Upon completion, please return to your DCFS ILP Coordinator. You	our Coordinator's number

Celebration 2016 Application



Dear Graduating Senior,

Congratulations on your upcoming graduation! If you are planning to go to college in the summer/fall of 2016 and have a 2.8 GPA or higher, you are invited to participate in Celebration 2016 – an event held in honor of your academic accomplishments – on <u>Tuesday</u>, <u>June 7</u>, <u>2016</u>, at the Walt Disney Concert Hall. In total, more than \$800,000 in scholarships will be awarded to students planning to attend college or vocational school.

1)	g colleges or trade schools (w		mplete your re you to have at l	
1)	, 2)		, 3)	· -
B . If you applied early or plan to I have already been accepted to:	•	•		estions.
I plan to attend:		College.	/University/Tra	de School beginning 201
C. I think my college / vocation	nal major and/or minor will be	;		
				hours per week
To participate in the event and bapplication, an essay and an un				
Saturday, April 30, 2016, from event on <u>Tuesday</u> , June 7, 2016 by mail. Students who do not att	9am to 3pm at Pasadena City 6, at the Walt Disney Concert	y Community Hall. You w	College (Mair	tend the Celebration Orientation of Campus) and the Celebration 2010 their information about the orientation for scholarships
, , , , , , , , , , , , , , , , ,		ve this applic	ation/essay be	shared for scholarship consideration
Name:	Signature:	ve this applic	ation/essay be	shared for scholarship consideration _ Birth Date: Age
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Name:Address:	Signature:	ve this applic	ation/essay be	shared for scholarship consideration Birth Date: Age er: □Male □Female
Name:Address:	Signature:City, Cell #:	ve this applic	ation/essay be a Gend Zip Code Email:	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type:
Name:Address: Home # Caregiver Name:	Signature:City,Cell #:Caregiver Signature:	State	ation/essay be	shared for scholarship consideration _ Birth Date: Age er: □Male □Female Ethnicity
Name:Address: Home # Caregiver Name: Social Worker Name: SCHOOL COUNSELOR	Signature: City, Cell #: Caregiver Signa SECTION (SCHOOL	state SW's Phor	ation/essay be a Gend Zip Code Email: ne/Cell #:	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only)
Name: Address: Home # Caregiver Name: Social Worker Name: SCHOOL COUNSELOR Is this student on track to graduate	Signature:	State State SW's Phore SEAL OR If no, what	Gend Zip Code Email: ne/Cell #: STAMP M is the student's	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only ANDATORY): s expected graduation date?
Name: Address: Home # Caregiver Name: Social Worker Name: SCHOOL COUNSELOR Is this student on track to graduat Student's cumulative GPA (please)	Signature: City, Cell #: Caregiver Signature: SECTION (SCHOOL te by June 2016? □Yes □No se use overall GPA from 9 th gr	state ture: SW's Phor SEAL OR If no, what rade through	Gend Zip Code Email: me/Cell #: STAMP M is the student': fall Semester of	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only ANDATORY): s expected graduation date? E12 th grade):
Name:	Signature: City, Cell #: Caregiver Signature: SECTION (SCHOOL te by June 2016? □Yes □No se use overall GPA from 9 th gr	state ture: SW's Phor SEAL OR If no, what rade through	Gend Zip Code Email: me/Cell #: STAMP M is the student': fall Semester of	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only ANDATORY): s expected graduation date?
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Name:	Signature:	state State State SW's Phore SEAL OR If no, what rade through on and is taking	Gend Zip Code Email: me/Cell #: is the student': fall Semester ong	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only ANDATORY): s expected graduation date? 12 th grade): credits in the spring seme
Name:	Signature:	State State State SW's Phore SEAL OR If no, what rade through on and is taking	Gend Zip Code Email: me/Cell #: STAMP M is the student's fall Semester or	shared for scholarship consideration Birth Date: Age er: □Male □Female Ethnicity Placement Type: (Coordinator's Use Only ANDATORY): sexpected graduation date? E 12 th grade): credits in the spring seme