

Los Angeles City College Foundation

Evie Hoffman Scholarship

This scholarship was created by Marvin Hoffman in memory of his wife of 40 years, Evie Hoffman. It is intended for a female student who is preparing to re-enter the workplace and is in need of financial assistance to be able to continue her education. Special consideration will be given to a student who is pursuing a career in Psychology, Dance, or Physical Fitness.

Name _____, _____ F ____ M ____
Last First Middle

Home Tel # (____) _____ - _____ Work Tel # (____) _____ - _____

Home E-mail _____ Social Security # _____

Can we contact you by E-mail? Yes / No (please circle one)

Address _____
Number & Street City Zip Code

Date of Birth ____ / ____ / ____ Place of Birth _____

Minimum requirements:

1. A 3.0 GPA of all units completed at LACC
2. Completion of 24 units at LACC, of which 12 units are transfer credits
3. A full-time student (12 units minimum)
4. Completion of the *self-profile* indicating background, interest, and need for a scholarship
5. Must be a California resident

An unofficial transcript must be attached to this application as well as two faculty references, plus you must complete all entries and submit a color passport sized photo attached to a one page typed self-profile (approximately 500 words) including your educational and career goals. Please also state, "My photograph may be used for reproduction" and sign.

Have you completed any courses at other colleges or universities? If yes, please list the information requested or submit a transcript for each college or university attended.

Name of College or University	Date Attended	Date of Graduation
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High School from which you graduated _____	Name and Location	Date
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What is your present major? _____

Do you plan to transfer to a University? _____
Name and Location

Have you received any other scholarships _____
If yes, Give Details

School and/or community activities you are or have recently been involved in (if any)

Location	Activity	Dates
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If you are currently employed, please indicate the name and address of your employer:

Employer	Address and City	Tel #
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Type of Work	Hours Per Week
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Signature _____ Date _____

Please submit this application to the Women's P.E. Dept. on or before March 26, 2010.

You will be notified by mail **only** if you have been awarded a scholarship. Thank you for applying and best wishes.