

Los Angeles City College Foundation

Louise Snyder Scholarship For Re-Entry Women

This scholarship is intended for a female student who has re-entered the educational system and is in need of financial assistance to be able to continue her education. Selection will be based upon a combination of financial need, potential in the student's major, and a self-profile.

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. At least 12 units completed at LACC
2. At least 3.0 GPA in all units completed at LACC
3. A full-time student (12 units minimum)
4. Classification as a California resident
5. Between the ages of 25 and 55
6. Completion of not more than 90 units of college work

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
-------------------------------	---------------	--------------------

High School from which you graduated _____	Name and Location	Date
--	-------------------	------

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
----------	----------	-------

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

Employer	Address and City	Tel #
----------	------------------	-------

Type of Work	Hours Per Week
--------------	----------------

Signature _____ Date _____

Please submit this application to the LACC Foundation on or before March 26.

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