

Los Angeles City College Foundation

Stein Josephs Scholarship

Shirley Josephs Memorial Scholarship

The Shirley Josephs Memorial Scholarship is designed to be a permanent living memorial to honor and to continue the work done at LACC by Shirley Josephs, a counselor who was particularly interested in the problems of older women returning to school after raising their families.

Dr. Ruth Stein Memorial Scholarship

This scholarship is intended as a living memorial to Dr. Ruth Stein who for many years was a life science teacher and counselor at LACC. The funding for this scholarship was donated in Dr. Ruth Stein's memory by her many friends at LACC and is designed to help a deserving student continue his/her education. The recipients of this scholarship will be determined on the basis of demonstrated need, combined with academic achievement.

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)

Home address

Number & Street City Zip Code

Date of Birth ___/___/___ Place of Birth _____

Minimum requirements:

1. Completion of 24 degree-applicable units at LACC
2. A minimum 2.5 GPA
3. Must have completed English 28, 31, or 101 with a grade of "C" or better
4. Scholarship is awarded with financial need as one of the criteria for selection

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-size photo attached to a one-page, typed self-profile (approximately 500 words) describing your background, the reason you selected your major and how you plan to reach your goal. 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

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 LACC Foundation in Bungalow B-3 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.