



### SCHOLARSHIP APPLICATION

#### Application Deadline is: *June 29, 2017*

Any application received after this deadline, except for those postmarked by deadline, will not be considered.

**Name:** \_\_\_\_\_  
Please print                      First                      Middle                      Last

<i>For Office Use Only</i>	
Date Received:	_____
Application Complete:	_____
Amt. Awarded \$	_____
Check No.	_____
Approved by:	
1.	_____
2.	_____
3.	_____

#### INSTRUCTIONS:

1. Please print legibly or type this application. **Applications must be signed.**
2. Place this application and **ALL REQUIRED INFORMATION** in a **sealed envelope**. It is the sole responsibility of applicant to ensure completeness of application packet. Neither Chamber of Commerce staff nor IEF Board is responsible to review application for accuracy or completeness prior to submittal.
3. Mail (must be postmarked by deadline) the **sealed** application packet to: Irwindale Chamber of Commerce Office, P.O. Box 2307, Irwindale, CA 91706. If preferred, the **sealed** application packet may be hand delivered to 16102 E. Arrow Highway. Applications **MUST** be in the Chamber Office by the deadline (or if mailed, postmarked by the deadline) to be considered. Postmarks after the deadline date will not be accepted. For information concerning this application, call (626) 960-6606.
3. A copy of the Irwindale Educational Foundation Scholarship Policy is available upon request.

#### REQUIRED DOCUMENTATION:

**The following items must be attached to all applications regardless of your qualifying condition. Failure to provide any of the required documentation may be grounds for disqualification for scholarship consideration:**

- Proof of qualifying condition as stated below (choose one).
  - You are a resident of the City of Irwindale. Your Qualifying Condition is as “Resident”.
    - Proof of current residency. Acceptable evidence includes City-issued ID card, utility bills, income tax returns, bank statements, or school transcripts showing an Irwindale address.
  - You are employed by or are a dependent of an employee (as documented by tax returns) of a company, located in the City of Irwindale, and which is a **member in good standing of the Irwindale Chamber of Commerce**. Your Qualifying Conditions are as “Chamber Member Employee”.
    - Proof of employment by “Member Company” (ex. paycheck stub/letter from employer on company letterhead) **AND**
    - **Letter verifying Proof of membership in good standing of the Irwindale Chamber of Commerce. (letter available by request at Chamber office).**
- A copy of your most recent transcripts.
- Signed copy of your Federal Income Tax Form** from the previous year, or your parents’ **signed** Federal Income Tax Form if you are a dependent (must show as dependent on tax forms). **Forms must be signed, even if filed electronically.**
- Proof of college acceptance/continuance (Ex: letter from registrar or registration appointment card).

**SECTION I. YOUR INFORMATION**

Date \_\_\_\_\_

Name Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_ S. S. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mrs. First Middle Initial Last

Address \_\_\_\_\_

City State Zip  
Phone # (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ Alien Registration No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_

**SECTION II. EDUCATIONAL BACKGROUND**

**A. High School**

High school attended \_\_\_\_\_ Year graduated \_\_\_\_\_

Are you currently enrolled in high school? Yes \_\_\_ No \_\_\_

If yes, what is your overall high school grade point average? (verified by transcripts) \_\_\_\_\_

**B. College or Vocational**

Number of units to be taken during the upcoming fall semester \_\_\_\_\_

School of Acceptance \_\_\_\_\_ School Address \_\_\_\_\_

Class Status (during academic year): Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_

College goals or type of certificate you are seeking:

Certificate \_\_\_ AA/AS \_\_\_ BA/BS \_\_\_ Masters \_\_\_ Ph.D. \_\_\_ Other \_\_\_\_\_

Declared educational Major \_\_\_\_\_ Minor \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Number of college units currently completed \_\_\_\_\_

College(s) Attended: 1. \_\_\_\_\_ Units earned \_\_\_\_\_

2. \_\_\_\_\_ Units earned \_\_\_\_\_

3. \_\_\_\_\_ Units earned \_\_\_\_\_

Use additional sheets as needed to list all Colleges attended:

College degree or certificates previously received \_\_\_\_\_

Overall grade point average \_\_\_\_\_ GPA last academic year \_\_\_\_\_

**NOTICE:**

Are you listed as a "dependent" on your parents (or others) Federal Income Tax Return during the period for which you are applying for a Scholarship? Yes  No

**SECTION III. HOUSEHOLD & FINANCIAL INFORMATION**

**A.** Number of Family Members in Household \_\_\_\_\_ (as reflected on tax return)

**B.** Number of Family Members in College \_\_\_\_\_

**C.** Federal Tax Information:

Adjusted Gross Income (AGI) Last Year: \$\_\_\_\_\_

**D.** Applicant's Employment Status

Applicant's income \$\_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**SECTION IV. TELL US ABOUT YOURSELF AND ANY SPECIAL CIRCUMSTANCES REGARDING YOUR REQUEST.**

For example, indicate a) Why you are applying for a scholarship, b) What your college plans include, and c) Any special circumstances regarding your ability, academically or financially, to continue your schooling.

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**SECTION V. STUDENT ACTIVITIES AND AWARDS RESUME**

**(Only list those activities and awards from the previous academic year).** Please specify positions held and responsibilities as applicable.

HONORS/AWARDS: (Dean's List, National Honor Society, Who's Who, Recognition Awards, etc.)

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CLUBS, ORGANIZATIONS AND OFFICES HELD: (Student Council, Debate, Yearbook, SADD, sorority, Kiwanis).

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EXTRACURRICULAR ACTIVITIES: (Sports, Cheer, Spirit Line, Choir, Orchestra, Band, Scouts, etc.)

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COMMUNITY SERVICE: (Church or other religious affiliation groups, Big Brothers or Big Sisters, Youth Groups, Volunteer Activities, **Irwindale Educational Foundation**, etc.)

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MISCELLANEOUS: (Please include any other accomplishments not covered in the other categories.)

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**SECTION VI. APPLICANT’S SIGNATURE MANDATORY**

I declare the information provided in this application to be true and accurate to the best of my knowledge. I give my consent for Irwindale Educational Foundation to use my name and photo for advertising and media purposes.

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

***SEND US A SELFIE!***

*We’re proud of you and we know you’re proud of your school. We would like a photo of you in front of or next to a sign identifying the name of your school, or wearing a shirt from your school. Please email photo to [iefscholarships@yahoo.com](mailto:iefscholarships@yahoo.com)*