

2016 Independent Living Program-Celebration II Scholarship Application

Please fax, email or hand deliver this application to
your assigned ILP / Transition Coordinator by Friday, July 8, 2016

Please fill out the following questions to be considered for a scholarship.

Part I: TO BE COMPLETED BY STUDENT

Last Name	First Name	Birth Date	Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address: _____ Number Street Apt # City State Zip Code		
Home #	Cell #	Email:	
ILP Coordinator's Name		ILP Coordinator's Telephone #	

Education Planning Section

1. I have already been accepted to: _____.
2. I plan to attend _____ College / Trade School beginning _____.
3. I have confirmed that registration/dorm move-in begins on ____/____/____.
4. My college / vocational major will be _____ and my career goal is _____.
5. I am involved in the following clubs, sports, activities, volunteer groups and / or faith based organizations _____.
6. I work at _____, my work schedule is _____.

By signing and submitting this application, I agree to attend the Independent Living Program Celebration II Event on Thursday, August 04, 2016. Please arrive at 1:00 p.m. to register; the event will be held at First AME Church (FAME) of Los Angeles, The Allen House, 2249 South Harvard Boulevard, Los Angeles, CA 90018. **Please Note: Students who do not attend the event, fail to submit 2016 college class schedule or acceptance letter, will not be eligible for scholarships.** By signing this application, I also understand and approve this application to be shared with potential scholarship donors.

Student Signature: _____ Date: _____

Part II: TO BE COMPLETED BY THE INDEPENDENT LIVING PROGRAM / TRANSITION COORDINATOR.

The above student is on track to graduate by Summer 2016 (circle one): yes or no
Student's expected graduation date (specify month): _____

I have reviewed the application and I confirm that this youth is ILP eligible and meets the requirements to participate in Celebration II 2016. Please see attached documentation.

ILP Coordinator's Name _____ Signature _____ Date _____

Transporter's Name _____ Telephone (cell) number _____