



**West Hills College Lemoore
Scholarship Application
Deadline April 3, 2009
2009-2010**



General Information- Please print or type information.

Submit this completed application and two letters of recommendation in order to be considered for **all** scholarships for which you qualify. Incomplete applications will not be processed. **Application deadline is April 3th, 2009.**

Last Name	First Name	Middle	WHC ID# or Soc. Sec.#
Mailing Address			Phone Number
City	State	Zip	Cellular Phone number

Academic Information

Major: _____ Career Goal: _____
 Anticipated Graduation Date from WHC: _____ Planned school to transfer: _____

High School Attended	City	State
College/University Attended	City	State
College/University Attended	City	State

Current Class Level

- | | |
|---|---|
| <input type="checkbox"/> Entering from high school (Please submit high school transcript)

<input type="checkbox"/> 2 nd Year Student (Continuing WHC Student with 30+ units)*

<ul style="list-style-type: none"> • Submit transcripts | <input type="checkbox"/> 1 st Year Student (0-30 units completed)*

<input type="checkbox"/> Re-entry Student (25 years or older and over a 3-year break in the college attendance)*

<input type="checkbox"/> Transferring Student to a 4-year college (transferring Fall 2009) |
|---|---|

For Office Use Only Units in Progress _____ Quarter Cum GPA _____ Awarded: Y__ N__ / Initials _____	Grad List _____ Dates of attendance _____ College Units Completed _____ Name of Scholarship _____
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PART II

Student Financial Information: Students who wish to be considered for “Need-Based” scholarship must provide financial information for the calendar year 2008.

Complete Section A below if: you were born on or after 01-01-86, have no dependents, are not a veteran, and are not married.

Section A: (Dependent Students)

Parents' Marital Status: _____
Family Size (including you): _____
Parents' 2008 adjust gross income:
\$ _____
Students' 2008 income:
\$ _____
Non-taxable income (Soc. Sec., AFDC, etc):
\$ _____
Financial Aid:

Scholarship:
\$ _____
Other:
\$ _____

Complete Section B below if: you were born before 01-01-86, are married, are a ward of the court, are a veteran, or have dependents other than a spouse.

Section B :(Independent Students)

Students' Marital Status: _____
Family size (students'): _____
Dependents Ages: _____
Students' 2008 adjusted gross income:
\$ _____
Spouses' 2008 adjusted gross income:
\$ _____
Non-taxable income (Soc. Sec., AFDC, etc):
Financial Aid:

Scholarship:
\$ _____
Other:
\$ _____

PART III

Personal Information: Your response to this section is optional and intended solely for identifying applicants for designated scholarships.

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Chicano/Mexican-American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Portuguese |
| Other _____ | | |

Has either one of your parents obtained a college/university degree? Yes/No

Answer the following questions using complete sentences.

Type or print clearly. Attach sheets if necessary.

Briefly describe your educational goals.

Do you plan to become a teacher? Y__N__

Describe your service to West Hills College and/or to the community. Include offices held, club/team membership, projects, etc.

Do you need financial assistance to continue your studies? Please explain.

What are your career aspirations and why have you selected this field?

*Please check this box if you would like to apply for the Stephanie Lyles ___ Yes! I am a current Disabled Student Program and Services student.

In order to receive any scholarships, I understand that I will be required to:

1. Attend the Awards Brunch in May 2009. Information will be sent in the awards letter.
 2. I will acknowledge receipt of the scholarship by writing a thank you letter to the donor, Care of: West Hills Community College Foundation.
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All Applicants: As a scholarship applicant, I hereby authorize the Financial Aid and Scholarship Office at West Hills College to release the information contained on this application as well as my academic transcripts to campus personnel and/or private donors as may be required in connection with securing or reviewing a scholarship for me. Furthermore, I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate. I also understand I must maintain the GPA requirement of each scholarship each semester throughout the award year to remain eligible for continued semester funding.

Signature of Applicant

Date

APPLICATION MUST BE SUBMITTED WITH TWO LETTERS OF RECOMMENDATION

**Please send completed application to West Hills College Lemoore, 555
College Ave., Lemoore, CA 93245
ATT: Teresa Quilici**