



ASSISTANCE LEAGUE® OF ORANGE
EUGENIA “GENIE” LOVE MEMORIAL SCHOLARSHIP FOR THE ARTS

Dear Applicant:

February 6, 2011

Assistance League of Orange would like to recognize outstanding graduating seniors by offering individual scholarships based on the student’s academic achievements; financial need; high school activities; extracurricular activities; community service; and leadership qualities. These awards are to encourage students who have the potential to make a difference in our community and the nation. Members of the Assistance League of Orange and all Auxiliaries and their immediate and extended families are not eligible to apply.

Applicants must have a minimum 3.0 cumulative GPA, must have graduated by September 1, 2011 from an Orange Unified School District high school or another high school while residing in the OUSD district. Applicants must be planning to attend an accredited college, university, community college or trade or technical school as a full-time student majoring in any aspect of the field of art in the fall of 2011.

APPLICATION PACKAGE: Must consist of the following six parts:

1. **SCHOLARSHIP APPLICATION.** (Pages 1-3)
2. **ONE LETTER OF RECOMMENDATION** from an adult instructor in the arts who knows the applicant well.
3. **PHOTOCOPY OF OFFICIAL HIGH SCHOOL TRANSCRIPT** that includes official ACT/SAT test scores. Letters with your scores from the testing agencies will be accepted, if not included on transcript.
4. **ARTWORK REQUIREMENTS.** (Page 5)
5. **RECENT PHOTOGRAPH OF THE APPLICANT.**

DUE DATE: APRIL 19, 2011, package **MUST** be RECEIVED by 5:00 P.M. on this date.

Late applications or facsimiles will not be accepted.

Mail the application to:

Etta Williams, 7241 E. Lewis Avenue, Orange, CA 92869 (714) 272-1641

Or **Hand-deliver the application to:**

Nancy Mellon 3338 E. Westridge, Orange, CA 92866 (714) 998-0917

Call first to insure someone is home to receive your application.

Or EMAIL: alo.scetta@gmail.com Fill out the application template online, save it to your computer, then attach it with your supporting documents. Follow the instructions for signing your application. We will send you a confirmation of receipt by email.

NOTIFICATION OF AWARDS: Notification will be made to the applicant after April 26, 2011. Those selected will be invited to a recognition luncheon at the Assistance League on May 6, 2011. A certificate will be awarded to each recipient at that time. We thank you for participating in our Scholarship Program and wish you luck in your future endeavors. Your application and its information is kept strictly confidential.

Etta Williams
Chair, Scholarship Committee

Charlotte Vaughn
President



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SCHOLARSHIP APPLICATION

TO BE FILLED OUT BY THE APPLICANT

Please print or type

Name: _____ Telephone & Cell: _____
First Last Area Code Number

Address: _____
Street City State Zip

Applicant's E-mail address: _____ Birthdate: _____
Mo Day Yr

Name of High School: _____ Telephone: _____

Name of Principal: _____ Name of Counselor: _____

Citizenship: _____ Resident of California: ____ Yes ____ No

Academic Information:

Current class standing: _____ Fall Semester GPA: _____

SAT Scores: Critical Reading _____ Math _____ Writing _____

ACT Scores: _____ Other: _____

College(s) you plan to attend:

Name: _____ Have you applied? _____ Accepted? _____

Name: _____ Have you applied? _____ Accepted? _____

Name: _____ Have you applied? _____ Accepted? _____

Other: _____

Other Financial Aid:

Have you applied for or been granted other scholarships or financial aid? Amounts?

Scholarships applied: _____

Scholarships granted: _____

Financial Aid Applied: _____

Financial Aid pending: _____

Do you plan to work during college to help pay expenses: _____ What Percent? _____

Will you work this summer? _____ Full time? _____ Part time? _____



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SCHOLARSHIP APPLICATION

TO BE FILLED OUT BY THE APPLICANT

Please print or type

Name: _____ Telephone: _____
First Last Area Code Number

Employment Information:

Please start with most recent year, then list next previous employments:

Name of Employer	Type of Work	Hours/Week	Job Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ON A SEPARATE SHEET OF PAPER PLEASE PROVIDE THE FOLLOWING:

1. Submit a personal profile, including areas of scholastic achievement, elected or appointed positions of leadership in your school, community or work activities. Please list any honors and awards received. You may also include other pertinent information you feel would help us to know you better.
2. Tell us a little about yourself in two paragraphs or less.
3. List three character traits that have led to your success.
4. What field of art do you plan to pursue? Reason for your choice?

I certify that the information included in this application is true and correct to the best of my knowledge. I authorize release of information to confirm and/or verify this application. A self photograph is attached.

Applicant’s Signature Date



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SCHOLARSHIP APPLICATION

TO BE FILLED OUT BY PARENT(S)

Please print or type

Date: _____

Father's Name: _____ Telephone: _____

 First Last Area Code Number

Address: _____

 Street City State Zip

Email: _____

Occupation: _____ Employer: _____

Business Address: _____

Mother's Name: _____ Telephone: _____

 First Last Area Code Number

Address: _____

 Street City State Zip

Email: _____

Occupation: _____ Employer: _____

Business Address: _____

Parents Marital Status:

Father: Married _____ Widowed _____ Divorced _____

Mother: Married _____ Widowed _____ Divorced _____

Family's Financial Information:

Father Income: \$ _____ Mother: \$ _____ Other Income: \$ _____ Total: \$ _____

Do you receive income from any other source? _____

Explain: _____

Can income be verified if needed? _____

Do you own: _____ or rent: _____ your home?

Number of dependents living at home (sisters, brothers, others, etc.) _____

Give names and ages: _____

Number of dependents attending college next year: _____

Give names and colleges: _____

Are there any unusual circumstances of which we should be aware in evaluating financial need?

Please explain (use reverse side of paper if needed).

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



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ARTIST REQUIREMENTS

ART WORK TO BE SUBMITTED BY THE APPLICANT

The applicant should submit six images of original artwork completed within the last two years. Images may be submitted as prints, slides, photographs, or on a DVD.

On a separate sheet of paper, include a contact sheet with the following information for each piece of work submitted:

- Number of each piece of work
- Title of the work
- Where was it done
- Size of work, medium
- Any other pertinent information regarding the work
- Date of completion

Work must be properly marked with applicant’s name, the slides should be numbered on the top right-hand corner and a large dot on the lower left hand corner for correct placement for viewing and evaluation. Other mediums must be properly labeled with applicant’s name and pertinent information. Work improperly marked will not be reviewed.

Please include a self-addressed, stamped envelope or mailer for the return of your materials.

PERFORMING ARTIST SUBMISSION BY APPLICANT

If you are a performing artist, submit at least one CD/DVD or Video of a performance completed within the last two years. Include the following information for each submission:

- Number of each CD/DVD or Video
- Where performed
- Event title
- Date
- Any other pertinent information