

Donor Name: _							
Address: _							
City / State / Zip: _							
Phone: _							
Email: _							
Type of Scholarship:	0	Named Scholarship (\$250 minimum)	0	Foundation Scholarship (no minimum)			
Name of Scholarship _ (e.g. In honor/memory of)							
-							
Origin and Brief Summary (for named scholarship only)	(Please tell us about who you are honoring/memorializing and for what specific discipline (e.g. Business, art, math, general) if any, you would like it to utilize.						

Criteria for Scholarship (for named scholarship only)	All students must be currently enrolled at Los Angeles Valley College (Please check your required criteria for the scholarship)							
Overall minimum GPA:	O Not required	O 2.5 O 3.0	0 3.5	O 4.0				
Most recent term minimum GPA:	O Not required	o 2.5 o 3.0	0 3.5	O 4.0				
Semester Units completed:	O Not required	O 10 to 24	25-56	o 57+				
Semester Units currently enrolled:	O Not required	O 3 or more O	6 or more	O 9 or more	O 12 or more			
Upecific Major studying:	O Not required							
	O Required Please List specific Major:							
Vtcpuhgttkpi "vq"cpqvj gt "gf wecvkqpcrlinstitution:	O Tequired	O Not required						
Demonstrate Financial Need:	O Tequired	O Not required						
Essay:	Mandatory of all applicants. 200-250 word essay describing goals and needs as well as addressing scholarship criteria.							
Other Considerations								
In the event the applicants do not fulfill any	of the criteria for you	r scholarship,						
O Do not select	a recipient. Defer scho	plarship for the following	g year.					
O Using the sele	ction committee's dis	cretion, choose the best	applicant, or i	not to select a one.				
Below for named scholarship only								
Selection of scholarship recipient(s) is made. The above information reflects my intention I understand that a \$250 minimum gift estath the scholarship fund does not fall below the the remaining amount will be placed in a go	ns in establishing a sc blishes a named scho 2 \$250 minimum amou	holarship with the Los A larship. This scholarshi unt. If it does fall below t	Angeles Valle p will contini the minimum	ue to exist as long a required amount, ti	S			
Print Name:								
Signature:								
Date:								

Please email or mail the signed application to:

Los Angeles Valley College Foundation 5800 Fulton Avenue Valley Glen, CA 91401