

Attention: APSCS, College Counselor, Principals of: Senior, Continuation High Schools and Adult Schools

**LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)**  
**MEMORIAL SCHOLARSHIP**

**I. INTRODUCTION**

School Psychologists from within the Los Angeles Unified School District provide funds for several scholarships in the amount of \$500 each to be awarded to qualified seniors who will graduate from District high schools. Several past recipients are now working within the Los Angeles Unified School District.

**II. ELIGIBILITY CRITERIA**

There are three major criteria for student applicants. They are as follows:

- A. Plan to enter the educational field.
- B. Demonstrate academic excellence or a potential for academic excellence.
- C. Demonstrate financial need to enroll in a post-secondary institution.

**III. APPLICATION PROCESS**

- A. ***One application will be accepted per school.*** It is the responsibility of the local school personnel to screen and select the candidate who will be considered by the scholarship committee.
- B. To be considered, a student must:
  - 1. Complete application forms – “Personal Data Sheet” (Attachment A) and “Financial Data Sheet” (Attachment B), “Financial Aid Sheet” (Attachment C).

Information on these Data Sheets will be considered confidential and for committee use only.

- 2. Submit a ***type written paragraph*** stating why the applicant feels he/she should receive an award.
  - 3. Provide **two (2)** letters of recommendation, one of which must be from school personnel.
  - 4. **Official** secondary school transcript of grades.
- C. **College Counselors should check the application for completeness and must forward the completed application of the selected candidate by Friday, April 5, 2019, Applications received after April 5, 2019 will not be considered.**

**School Mail to:**

**ATTN: Sharon Williams  
Psychological Services  
Local District South**

**Mailing Address: Sharon Williams  
P.O. Box 3754  
Gardena, CA 90247**

- D. *Winners will be chosen and notified by Monday, April 22, 2019.*
- E. Winners may be invited to attend an event hosted by LAASP for presentation (optional).

**IV. DISPOSITION OF AWARDS**

- A. Award will go directly to the scholarship recipient after evidence of matriculation into a post-secondary institution is submitted. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.
- B. Award winner will receive specific instructions regarding the claiming of the award. Without official school issued evidence of enrollment by a designated due date the scholarship is forfeited.

**For assistance, please call or email:**

**Sharon Williams  
Scholarship Chairperson  
(310) 703-7072  
Sharonw76@aol.com**

Attachments: A, B, C

LOS ANGELES ASSOCIATION OF SCHOOL PSYCHOLOGISTS (LAASP)  
MEMORIAL SCHOLARSHIP

PERSONAL DATA SHEET

**High School Counselor/Staff**

Date \_\_\_\_\_  
 Contact Person \_\_\_\_\_ School \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Class Rank \_\_\_\_\_ Grade Point Average \_\_\_\_\_

All answers will be considered confidential:

Please complete this form in ink or on a computer. Neatness, brevity, and legibility are desired.

Candidate Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

School Information: Major emphasis in High School \_\_\_\_\_

To which colleges have you applied?

\_\_\_\_\_  
 \_\_\_\_\_

Have you been accepted? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

What is your goal?

Check Below	Career Choice:
	School Psychologist
	Teacher: ___ Elementary ___ Special Education
	Secondary Teacher: Subject -
	College Teacher: Subject -
	Counselor
	Other

List your extra curricular activities, clubs, teams, volunteer work, community service, etc. Use extra paper if necessary.

Dates	Activity	Position/Office Held

1. Attach a paragraph stating why you feel you should receive this scholarship.
2. Turn this application in to your College Counselor with the attached Financial Data Sheet and Financial Aid Sheet; two (2) letters of recommendation, at least one of which must be from a school person; and a copy of your secondary transcript of grades. **Incomplete packets cannot be considered.**

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FINANCIAL DATA SHEET

Employment and Financial Information

Approximately how much did you earn last year? \_\_\_\_\_ This year? \_\_\_\_\_

What type of work? \_\_\_\_\_

Do you plan to work while in college? \_\_\_\_\_

Will you be financially able to attend the college of your choice this year without the aid of a scholarship? \_\_\_\_\_

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What special financial burdens are there which might affect your parents' ability to help you?

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Number of members in your family \_\_\_\_\_

Are there specific financial resources available for your continued education?

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FINANCIAL AID SHEET

Total <u>expenses</u> (approximate) for student		Total <u>resources</u> (approximate) for student.	
Resident ( )	Commuter ( )	Scholarship/Grants (List Source)	(Applied for) Funds Available
Name of College _____		_____	_____
A. Tuition and Fees	\$ _____	_____	_____
B. Student's Room	_____	Contributions From: Student's Parents	\$ _____
C. Student's Board	_____	Student's Summer Income	_____
D. Books and Supplies	_____		_____
E. Transportation	_____	Student's Assets	_____
F. Other (list)	_____	Veteran's Benefits	_____
		Social Security Benefits	_____
		Other Sources	_____
	TOTAL	Student's Net Term Earnings	_____
	_____	Loans	_____
		TOTAL	_____

**CONFIDENTIAL:** This information will be used only by the Los Angeles Association of School Psychologists Scholarship Committee.

**Important:** This information is required for a scholarship application to be considered complete.

Name of Student \_\_\_\_\_

Adjusted gross income of family per year: \_\_\_\_\_  
(From I.R.S. FORM 1040)