



**JUNIOR LEAGUE OF
ORANGE COUNTY, CALIFORNIA, INC.**
Women building better communities®

**The Junior League of Orange County, California, Inc.
Educational Scholarship Program**

Promoting Excellence and Self-Sufficiency through Post-Secondary Education

Award: Up to \$2,500 will be awarded to applicants for the 2019-2020 school year

Application Deadline: March 1, 2019

Eligibility Requirements

- Currently a graduating high school senior or a post-secondary student
- High school or post-secondary grade point average of 3.0 or above
- Citizen or permanent resident of the United States
- Pending acceptance to a post-secondary institution (required for receipt of scholarship)
- If registering as a part-time student, proof of 20 or more hours of work per week
- Agreement to attend the JLOCC June 2019 meeting to accept any award or send an appropriate designee (parent, executive director of the project/program, foster parent, etc.)
- Scholars should be willing to update the JLOCC about their academic experience by May 2019
- May not be an immediate relative of a JLOCC member (i.e. sibling, daughter, son)
- Scholars must use the funds awarded within one calendar year from the official award date

Please note: Former or current participants in a JLOCC sponsored program or organization may receive preference. Applicants can reapply annually.

Scholarship Award Application: Applicants **must** submit the following information for scholarship consideration:

- Completed application form
- High school and/or any post-secondary school transcripts
- Letter of recommendation from an academic advisor, academic counselor or recent instructor
- A second letter of recommendation from an individual not related to you

Please submit all of the above items via email to scholarships@jlocc.org by 11:59pm on March 1, 2019.

Contact the Junior League of Orange County, CA at 949.261.0823 or visit jlocc.org for more information. Scholarship recipients will be notified in writing on or before April 30, 2019.

**The Junior League of Orange County, California, Inc.
Educational Scholarship Program Application**
Promoting Excellence and Self-Sufficiency through Post-Secondary Education
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(Please Print or Type Clearly)

I. Personal Information

A. Contact information

Name: _____

e-mail (if applicable): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Are you a U.S. citizen or permanent resident? Yes _____ No _____

B. Other Contact (Parent, foster parent, etc. who will know how to contact you if the above information changes)

Name: _____

e-mail (if applicable) _____

Address: _____

Home Phone: _____ Mobile Phone: _____

II. Educational Background

	Name	Address	Dates Attended	Date of Graduation
High School			_____ to _____	
College			_____ to _____	
Vocational School			_____ to _____	

III. Future Education Plans

A. Schools Applied To

1st Choice: _____

Address: _____

Accepted yet: yes / no / pending

2nd Choice: _____

Address: _____

Accepted yet: yes / no / pending

3rd Choice: _____

Address: _____

Accepted yet: yes / no / pending

Proposed course of study/major: _____

Full-time or part-time status: Full-time_____ Part-time_____

B. In the space provided or on a separate page, please describe your future school and career plans (not to exceed a half page).

C. In the space provided or on a separate page, please describe your greatest challenge, how you faced it and how it affected you (not to exceed one page).

IV. Employment and Volunteer History

A. Current Employer

Employer	Address	Contact Name	Telephone Number	Dates Worked	Hours Per Week

				to _____	

B. Other Employment, Volunteer or Relevant Experience

Employer	Address	Contact Name	Telephone Number	Dates Worked	Hours Per Week

				to _____	

				to _____	

				to _____	

C. In the space provided or on a separate page, please describe any personal growth or learning experience that resulted from participation in any of the above activities (not to exceed one page).

VI. Junior League Programs (not required)

A. If you have participated in a Junior League of Orange County, CA sponsored program and/or organization, please list them here.

Program	Dates Participated
_____	_____
_____	_____
_____	_____

VII. Junior League Scholarship Information

A. Please indicate how you learned about JLOCC's scholarship awards.

B. Have you received a JLOCC scholarship award in the past? If yes, for what?

I certify that the information provided in this application is honest and true.

_____ Name (Please print)	_____ Signature	_____ Date
_____ Signature of Parent or Guardian if applicant is under 18 years of age		_____ Date

Thank you for completing the JLOCC Scholarship Application. The members of the JLOCC share a vision of a community in which the health, safety, and education of all individuals are promoted and supported. The members of the JLOCC share a vision of the organization in which the experience, knowledge, and leadership skills of all members are promoted and supported.