



2019 ALA SCHOLARSHIP APPLICATION

- ELIGIBILITY:** Applicants must be dependent children of a member of the San Diego Chapter of the ALA and/or dependent children of non-attorney administrative staff employed by San Diego area law offices with an active member in the San Diego Chapter of the ALA, and have not been a past Scholarship recipient. Applicants may be either high school seniors, high school graduates or first-year college undergraduates enrolled or planning to enroll in a full-time course of study at an accredited two or four year college or university.

Contact Information:

Applicant's Full Name	
Street Address	
City, State, Zip	
Home Phone	
Parent/Guardian's Name	
Parent Work Phone	
ALA Member Name	
Parent/Guardian's Relationship to ALA Member	
Firm at which ALA Member is Employed	

I current attend/attended the following High School(s):

Date(s) Attended	Name of High School

Name: _____

I graduated from High School or anticipate graduating from High School on this date:

My Cumulative Grade Point Average is:

I attend, or have applied to attend the following college(s):

Date Applied/Attended

Name/State of College

Date Applied/Attended	Name/State of College

Please describe your educational goals:

SAN DIEGO CHAPTER
A Chapter of the
Association of High School Administrators

Name: _____

Work History: Please provide dates of employment, employer and position. If available, please provide a copy of your resume:

Dates Employed	Place of Employment and Position	Responsibilities

Sports, Civic and Extracurricular Activities:

Activity/Organization	No. of Years	Special Awards/Commendation, as applicable

Additional Information (Required):

Please attach the following:

- A signed, typewritten/handwritten, one to two-page statement summarizing why you should be awarded this Scholarship request;
- A "sealed" copy of your transcripts from ALL high schools and/or colleges attended; and
- A Letter of Recommendation from an adult, e.g., teacher, professor, employer, etc.

Name: _____

Agreement and Signature:

By submitting this application, I affirm that all facts set forth herein are true and complete. I further understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate withdrawal of this offer.

Printed Name	
Applicant Signature <small>hard signature; digital will be rejected</small>	
Date	

Parent/Guardian Acknowledgement:

Parent/Guardian's Printed Name	
Signature <small>hard signature; digital will be rejected</small>	
Date	

Return Completed Application no later than Friday, March 1, 2019, with **ALL** appropriate attachments to:

Monica Menzer, ALA Scholarship Chairperson

Allen Matkins

600 West Broadway, 27th Floor

San Diego, CA 92101