

## **Application Directions**

- 1. Follow the checklist on the last page of the application:**
- 2. Fill out the application.**
- 3. Put applicant's name on each page, including attachments**
- 4. Fill out Income and Expenses page, including information on contributions by parents, family, tribe, and other grants received or anticipated.**
- 5. Write your essay so we can know you and how you plan to give back to our community.**
- 6. Paper forms can be scanned and then emailed to [aisf.socal@gmail.com](mailto:aisf.socal@gmail.com)**
- 7. Applications should include uploads of all attachments, including college enrollment, tribal enrollment, letters of recommendation, transcripts, and essay.**

**Questions? Email [aisf.socal@gmail.com](mailto:aisf.socal@gmail.com)**



# American Indian Scholarship Fund of Southern California

Application (page 1 of 3)

Date: \_\_\_\_\_

Requirements: (1) *Completed Application*; (2) *Two Letters of Recommendation* (teachers, counselors, employers, or personal friends); (3) *One Letter of Recommendation* (member of American Indian community); (4) *Current School Transcripts*; (5) *Proof of current college enrollment*, (you must be currently enrolled in an accredited community college, college or university in Southern California); (6) *Proof of Tribal enrollment or descent*; (7) *One-Page Essay* (discussing your challenges, accomplishments, and ambitions for the future).

## SCHOLARSHIPS AWARDED SEMIANNUALLY

Applications must be received no later than June 30 or Dec. 31 for consideration.

1. Applicant's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Applicant's Occupation: \_\_\_\_\_ Applicant's Annual Income: \_\_\_\_\_
2. Tribe/s: \_\_\_\_\_  
Roll Number: \_\_\_\_\_ Agency Where Enrolled: \_\_\_\_\_
3. Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_
4. Marital Status (please check): \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_
5. Father's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_
6. Mother's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_
7. Guardian's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
8. Number of Siblings: \_\_\_\_\_ Ages of Siblings: \_\_\_\_\_

EMAIL SCANNED APPLICATION TO: [aisf.socal@gmail.com](mailto:aisf.socal@gmail.com)

# American Indian Scholarship Fund of Southern California

Application (page 2 of 3) NAME: \_\_\_\_\_

9. Name of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

10. High School Extracurricular activities/Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Present ACCREDITED College/University: \_\_\_\_\_

12. Previous College/University: \_\_\_\_\_

13. College Extracurricular activities/Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Expected Certificate/Degree upon Completion: \_\_\_\_\_

15. Expected Date of graduation/completion: \_\_\_\_\_

16. **Work Experience:** (Include full-time/part-time) Please attach/include resume if possible.

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

## PURPOSE OF APPLICATION

17. How will this scholarship money be used? (books, school supplies, insurance, transportation, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# American Indian Scholarship Fund of Southern California

Application (page 3 of 3) NAME: \_\_\_\_\_

**18. Anticipated Expenses:**

Please use this page to fill in estimates of your expected financial resources and expenses for the coming year as accurately as possible. Figures should be based upon income and expenses experience.

**Estimated Total Income for the Coming Year:      Estimated Total Expenses for the Coming Year:**

Earnings during the present year ..... _____ Other Scholarships, loans or grants .... _____ Assistance from family/other resource . _____ Spouse's Income. .... _____ Veteran's Benefit. .... _____ Social Security. .... _____ Welfare Benefit ..... _____ Alimony. .... _____ Any Other Income (explain below). .... _____ _____ _____ <b>Total Income. .... _____</b>	Room and Board ..... _____ Tuition and Fees ..... _____ Books and Materials ..... _____ Transportation ..... _____ Clothing ..... _____ Personal Incidental ..... _____ Loan Payments (home/car). .... _____ Child Care. .... _____ Any Other Expenses (explain below) ... _____ _____ _____ <b>Total Expenses. .... _____</b>
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Any financial obligations or liabilities not listed above (credit cards, personal loan): If so, please explain:

\_\_\_\_\_

**Certification**

In order to continue my education, as indicated herein,

I submit this application the AISFSC:

- A. All information submitted in this application is true/correct.
- B. I will notify the AISFSC immediately if there should be any interruption in my plans for continuing my education this coming year.
- C. I understand the information in this application is confidential and will be reviewed only by the AISFSC Board of Directors.
- D. I agree to allow my name to be listed as a recipient of the American Indian Scholarship Fund of Southern California.

**Final Checklist**

- Completed Application*
- Two Letters of Recommendation*
- One Letter of Recommendation*
- Current School Transcripts*
- Proof of current college enrollment*
- Proof of Tribal mnbsp/enrollment*
- One-Page Essay*
- Name included on every page?*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date