JOHNABEL GENTRY SCHOLARSHIP PROGRAM
2015

INSTRUCTIONS FOR SUBMITTING THE APPLICATION

ELIGIBILITY REQUIREMENTS

- Students attending Senior High School in the 10th Council District and/or students residing in the 10th Council District of Los Angeles.
- Minimum grade point average 2.0
- Students applying to College in Fall of 2015

REQUIRED DOCUMENTS (must accompany the application)

- Official High School Transcripts
- Personal Essay – student must sign essay
- Official score reports for the Scholastic Aptitude Test (SAT) or the American College Test (ACT) (copies accepted)
- Counselor Nomination Letter
- Please enclose a current picture with application

COMPLETED APPLICATIONS WITH ALL REQUIRED DOCUMENTATION SHOULD BE MAILED TO:

10th COUNCIL DISTRICT WOMEN’S STEERING COMMITTEE
P.O. Box 191953, Los Angeles, CA 90019
ATTN: JOHNABEL GENTRY SCHOLARSHIP PROGRAM

DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS IS FRIDAY, May 22, 2015.

For any additional information you may contact: Julie Cox, VP - Education, 10th Council District Women’s Steering Committee (323) 309-7321.
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COUNSELOR NOMINATION

I AM PLEASED TO NOMINATE THE FOLLOWING STUDENT FOR CONSIDERATION FOR THE JOHNABEL GENTRY SCHOLARSHIP PROGRAM:

Name: ________________________ Date of Birth: ________________________

Address: ________________________ Sec. Sec. #: ________________________

Phone: ________________________

High School: ________________________

Grade Point Average: ___________ Intended Major: ________________________

Name(s) of parent(s) or guardian(s) Phone

Street City Zip

SCHOOL ADMINISTRATORS/COUNSELORS

Counselor's Signature ________________________ Principal's Signature ________________________

High School: ________________________ Phone #: ________________________

Address: ________________________ E-Mail: ________________________

For any additional information you may contact: Julie Cox, VP - Education, 10th District Women's Steering Committee (323) 309-7321
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2015

APPLICATION

This award will be given to high school seniors who attend schools in the 10th Council District and also to students who reside in the 10th Council District of Los Angeles, and who are applying to college for the fall semester of 2015. Students who have at least a 2.0 cumulative grade point average (exclusive of physical education and military science) will be considered for the awards. The award consists of a scholarship of $500.00.

Please complete and submit the application, along with your signed essay, a sealed official copy of your high school transcripts, Counselor’s nomination letter, current camera ready photo and SAT/ACT scores. Applications with attached transcripts and other supporting documents must be submitted no later than Friday, May 22, 2015. Please mail to the 10th Council District Women’s Steering Committee, P. O. Box 191953, Los Angeles, CA 90019.

Please type or print neatly. Your high school counselor must verify all pages of this application, including your test scores and grade point average.

STUDENT INFORMATION:

Name: ____________________________________________

                     First                        Middle                        Last

Address: __________________________________________

                     Street Address                        City                        State                        Zip

Home/cell phone: ________________________________ E-Mail: ________________________________

Date of Birth: ________________________________ Sex: Male _________ Female ________________

Current High School: __________________________________________

High School Counselor: __________________________________________

SAT: Verbal Score: __________ Math Score: __________ or ACT: Composite Score: __________
Occupation/Title: ______________________________

Employer: __________________________________

Business Address: ______________________________

  Street Address  City  State  Zip

Father: ___ or Guardian: ___(check one)

Name: _______________________________________

Address: ____________________________________

Home/cell phone: ____________________________  E-Mail: ______________________________

Occupation/Title: ______________________________

Employer: __________________________________

Business Address: ______________________________

  Street Address  City  State  Zip

Please submit with this application an autobiographical essay, typed and double-spaced (not to exceed two pages) and signed, which may include such information as: how life experiences have contributed to your educational goals; your career goals; and other plans for the future.

I waive my rights to inspect and review confidential reports and evaluations that may later be submitted on my behalf as part of the application for the Johnabel Gentry Scholarship.

I certify that all of the information provided in this application is accurate.

___________________________________________
Applicant's Signature

___________________________________________
Parent's/Guardian's Signature

___________________________________________
Date