

Aaron Ruben Scholarship Application

Dear Applicant,

Thank you for your interest in the Aaron Ruben Scholarship. An eligible applicant must be currently under the jurisdiction of the Dependency Court of Los Angeles County or previously under the court's jurisdiction.

Application Check List: Failure to Provide **ALL** documents below will disqualify consideration of the application. Items must be submitted as a package and are not to be submitted separately unless stated otherwise.

- 1. Completed Application
- **2.** A certified and sealed copy of high school and or college transcripts: All transcripts can be obtained from the school's academic office. The administrator will provide you with a copy that will be sealed and specially marked by the school. The transcripts can be sent directly to the Scholarship Committee or it can be attached with the application.
- **3. Three Letters of recommendation:** Letters of recommendation should be from individuals who have knowledge of your skills/ abilities, personal characteristics, academic achievement and or professional development. Examples of these individuals are teachers, CASA, counselors, Supervisor, Social Worker, and or community sponsor.
- **4. Personal Statement**: In essay form (**typed**), tell the committee about yourself. Include any information that can assist the committee in becoming familiar with your character, interests, hobbies, achievements, obstacles faced and overcome, personal and educational goals etc.
- **5. Verification Information:** The last page of this application has a section regarding school information and needs to be filled out to the best of your ability. For verification purposes please also submit a copy of one of the following: the school's acceptance letter, school schedule or another form of confirmation that you have applied from the school (s) which you plan to attend. *Typically, you will receive registration information, as well as information about college orientation sessions, assessment tests, and advisement.*

ANNUAL APPLICATION DEADLINE IS JULY 1ST
Send completed application to:
Attn: Carolyn R. McGee

CASA of Los Angeles
Edelman Children's Court
201 Centre Plaza Drive, Ste. 1100 Monterey Park, CA 91754

Information contact: Carolyn McGee - office: 323-859-2888x6327 fax: 323-264-5020

E-mail: cmcgee@casala.org

CURRENT CAREGIVER INFORMATION Name of Current Caregiver (s): Phone Number: Address: City: State: Zip:			PER	SONAL INF	ORMATI	ON			
Address: City: City: State: CA Zip: CURRENT CAREGIVER INFORMATION Name of Current Caregiver (s): Email: Address: City: State: Zip: ACADEMIC HISTORY: Name of High School/ College: Address: City: C	Name:				DOB:		Case	#	
Name of your Dependency Attorney: CURRENT CAREGIVER INFORMATION Name of Current Caregiver (s): Email: Address: City: State: Zip: ACADEMIC HISTORY: Name of High School/ College: Address: City: Zip: City: Zip: City: Zip: Phone Number: GPA: Name of School / College	Email:			T			r:		
Name of Current Caregiver (s): Email:	Address:			City:		State:	CA	Zip:	
Name of Current Caregiver (s): Email:	Name of you	ur D	ependency Attorney:						
Email: Address: City: State: Zip: ACADEMIC HISTORY: Name of High School/ College: Address: City: C			CURRENT	CAREGIVE	R INFOR	RMATION			
Address: City: State: Zip: ACADEMIC HISTORY: Name of High School/ College: Address: City: Zip: Date of Graduation: Name of School / College Phone Number: GPA: Phone Number:	Name of Cui	rren	t Caregiver (s):						
ACADEMIC HISTORY: Name of High School/ College: Address: Date of Graduation: Name of School / College Phone Number: GPA: Phone Phone Number:	Email:								
Name of High School/College: Address: Date of Graduation: Name of School / College Phone Number: GPA: Phone	Address:			City:		State:		Zip:	
School/ College: Address: Date of Graduation: Name of School / College City: City: Zip: GPA: Phone Phone Number:				ACADEMIC H	ISTORY:				
Date of Graduation: Name of School / College GPA: Phone Number:	Schoo	ol/							
Graduation: Name of School Phone Number:	Addres	ss:			City:		Ziţ	p:	
School Phone /College Number:							GP	PA:	
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QUESTIONN	NAIRE:									
	nit a typed response to to this application.	the	followi	ng que	stions in add	dition to	your pe	rsonal stat	ement and attac	h
 Have you overcome any academic problem(s) while attending school? If so, please describe the nature of the problem(s) and how you overcame them. What academic difficulties, if any, do you expect to encounter in college? Please describe methods you would employ to overcome such difficulties. 										
3. Why do you think you will be a successful college student?4. What is your career goal and why do you believe you will be successful in reaching that goal?										
SCHOOL IN	FORMATION									
Name of sch or planning	nool currently attending to attend:	9								
Address:						City:				
State:			ZIP:			Phone:				
FINANCIAL	AID INFORMATION									
PLEASE PRO	OVIDE THE FOLLOWING	INE	FORAM	TION I	N DOLLAR A	MOUNT	IN THE	SPACES PR	OVIDED BELOW	:
School Appl	ication Fee:	\$			Eligible fo	or waive	er	☐ Yes	□No	
Semester/Quarter or Unit Fee		\$			□Semes	ster [er 🗆	Unit		
Course Fee (additional charge for specific courses)		\$								
Housing on Campus Fee or Off Campus Arrangement Fee		\$								
Books/ Supplies (estimate)		\$								
Transportation (estimate)		\$								
TOTAL		\$]					
Additional assistance					•					
Scholarshi	ps	\$								
Grants		\$								
Loans					1					

(Add all fees, subtract from any additional financial assistance being provided =Total remaining financial needed)

Total Financial Aid Needed	 \$
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\$

\$

Other Aid

TOTAL

Name of Applicant:	
Signature of Applicant:	Date: