



Glendale Community College  
**Classified Council Application**  
**Student Worker Scholarship**

<b>DATE:</b>				
<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE INITIAL:</b>
<b>ADDRESS:</b>		<b>CITY:</b>		<b>ZIP CODE:</b>
<b>TELEPHONE NUMBER:</b>			<b>STUDENT ID#</b>	
			<b>GPA:</b>	
<b>EMAIL:</b>				
<b>DEPARTMENT(S) WHERE YOU ARE A STUDENT WORKER:</b>				
<b>NAME(S) OF CLASSIFIED EMPLOYEE(S) UNDER WHOM YOU WORK OR WHO RECOMMEND(S) YOU FOR THIS SCHOLARSHIP:</b>				
<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>

By signing this application, I verify that:

- I am currently enrolled in 6 units at Glendale Community College
- I have completed 12 units with a GPA of 2.5 or higher
- I have attached my "Student Worker Educational Statement"
- I have attached my supervisor Recommendation Letter

\_\_\_\_\_  
 Student Worker's Signature