GLENDALE COMMUNITY COLLEGE
AB 540 COMMUNITY SERVICE SCHOLARSHIP
Spring 2024

Application Deadline:
Tuesday, February 13th 2024 at 5:00 pm

IMPORTANT:
1. Applications that are incomplete WILL NOT be considered.
2. The information provided is completely confidential.
3. Upload Unofficial Transcripts or Course History (Note: We do not have access to transcripts submitted to GCC Admissions & Records)
4. Scholarship application will be reviewed by a scholarship committee.

SCHOLARSHIP REQUIREMENTS:
1. Enrolled at GCC's Verdugo or Garfield campus for Spring 2024.
2. Must identify as AB540, DREAMER, DACA or Undocumented.
   - AB540: Eligible undocumented students in California, who meet specific criteria to pay in-state tuition at public colleges and universities.
   - DREAMER: Undocumented students who may have been brought to the U.S as a minor.
   - DACA/DACA-mented: Person who has applied and received DACA and can legally work in the United States.
   - Undocumented: Person who is not a U.S. citizen or permanent residents of the United States, who does not hold a visa to reside in the U.S.

SCHOLARSHIP AMOUNT:
- May vary depending on funding.

APPLICATION PACKAGE MUST INCLUDE THE FOLLOWING ITEMS:

- ❑ Complete scholarship application form
- ❑ GCC Verdugo/Garfield Unofficial Transcripts OR Course History
   - If it is your first semester in college, you NEED to upload high school transcripts.
   - If previously attended other colleges, please upload transcripts (unofficial transcripts will be accepted)
- ❑ Student Educational Plan (SEP)
   - You must upload a Student Educational Plan by a GCC counselor for at least 1 year of planned courses.

The Scholarship Committee reserves the right to rescind any award if it is determined that the applicant provided false information on application, is no longer enrolled at GCC for Spring 2024, or the conditions of the original award are not maintained.

Please email the completed application to:
DreamResourceCenter@glendale.edu
If you have questions or need help with this application, please contact:

COMPLETING YOUR APPLICATION

<u>INSTRUCTIONS:</u>
- Please complete ALL parts of the application!
  - Student Information, Academic Information, References, Volunteering & Activities, Personal Statements and Student & Family Income.
- If a section does not apply to your situation, please write "N/A", meaning "not applicable" so the committee knows you did not skip that question.
- Sign and date your application.
- Email completed application and additional documents to: DreamResourceCenter@glendale.edu

Your application will be evaluated on the following criteria:10 Points Maximum

CRITERIA	DESCRIPTION	TIPS
3 Points for: Academic Success	Refers to your academic performance. Your cumulative GPA will be taken into consideration. For new students, we will use your high school GPA. For students who have attended community college or university, we will use your college GPA.	We encourage students to apply regardless of GPA. This is only ONE factor that will be taken into consideration.
4 Points for: Level of Service/ Volunteering:	Refers to your volunteering experience. Be sure to include on and off campus volunteering involvement. Clearly specify dates and hours of service. Please provide a detailed description of the activity.	We understand that volunteering is a privilege for many. Even if you have limited volunteering experience, please make sure to include it.
3 Points for: Personal Statement Questions:	Refers to the TWO personal statement questions embedded in the application. You may discuss obstacles you have had to overcome, including but not limited to mental health, financial difficulties, personal responsibilities, etc. Anything above the normal challenges of being a student.	This is your opportunity to highlight yourself and allow the selection committee to get to know a little bit about you.

GLENDALE COMMUNITY COLLEGE
COMMUNITY SERVICE SCHOLARSHIP

STUDENT INFORMATION

Name: _____ GCC ID# _____

Address: _____ City _____ Zip Code _____

Telephone #: (   )_____ Email: _____

Marital Status: ☐ Single   ☐ Married   ☐ Divorced/Separated   Date of Birth _____

Do you identify as AB540, DREAMER, DACA or Undocumented: Yes ____   No ___

How did you hear about this scholarship? _____

ACADEMIC INFORMATION

For Spring <u>2024</u>, are you a: ☐ Full Time Student (12 units or more)   ☐ Part Time Student (11 units or less)

Major or program of study: _____

Highest Degree You Plan to Earn: _____   Career Goal: _____

List All other Schools Attended:

High School or College Name	Years Attended		Grade Level or Year
	From	To	

REFERENCES

Provide names of individuals who can provide information regarding your justifications for this scholarship. Do not include family members or other students.

NAME	ADDRESS & PHONE	RELATIONSHIP

VOLUNTEERING & ACTIVITIES

Specify the dates and duties of all activities in which you have participated. You may copy this page if you have additional activities to list. *Please give us your best estimate of the specific number of hours for each activity.*

Activity	Short DETAILED Description	Semester/Dates	Total Hours
Community Service and Volunteering (On and off campus)	1. 2.		
Extracurricular Activities (Clubs, Publications, Sports, etc)	1. 2.		
Other Accomplishments Offices Held, Awards Received, etc.	1. 2.		

PERSONAL STATEMENTS

Provide a brief statement of your goals and ambitions (educational, personal, career, etc). *(Feel free to add a separate sheet to expand on this question)*

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Provide a brief statement on the challenges you have faced as an undocumented student: *(Feel free to add a separate sheet to expand on this question)*

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STUDENT & FAMILY INCOME

READ BEFORE COMPLETING THIS PAGE: It is very important to provide us specific and detailed information on your personal and family income. However, this information is strictly confidential and is for the exclusive use of this scholarship committee. It will not be shared with any other offices at the college.

STUDENT & FAMILY INCOME:

Student's expected earnings during school year $_____

If married, spouse's expected earnings $_____

Other scholarships (list names below) $_____

Scholarship #1 _____

Scholarship #2 _____

Scholarship #3 _____

TOTAL student income/assets $_____

How many people currently live in your household (including yourself)? _____

List your current employment:

Employer(s): _____ Monthly Income $ _____

Amount earned in 2023: $ _____ Estimated Income for 2024: $ _____

If Married: Spouse's Occupation: _____

Employer(s): _____ Monthly Income $ _____

Amount earned in 2023: $ _____ Estimated Income for 2024: $ _____

If you are under 24 years of age or live with your parents while attending college:

Father's Name_____ Occupation_____

Amount earned in 2023: $ _____ Estimated Income for 2024: $ _____

Mother's Name_____ Occupation_____

Amount earned in 2023: $ _____ Estimated Income for 2024: $ _____

I certify that the above information is true and accurate to the best of my knowledge. I authorize the circulation of this document and all pertinent documents among the committee members:

Student Signature _____ Date_____