



MESEREAU HUMANITARIAN SCHOLARSHIP AWARD APPLICATION FORM

Purpose: n-ACTION Family Network will offer financial support to a disadvantaged, minority graduating senior with economic difficulties.

Award: Mesereau Humanitarian Scholarship will be awarded to a student who has shown academic success, verified community service, extra-curricular involvement, and proven financial need.

Amount of the Scholarship: **\$1,000 - \$1,500** (to be determined, on a case-by-case basis)

Academic Criteria:

Applicant has maintained a minimum 3.0 grade point average and provides proof with an official high school transcript to support reported GPA.

Financial Criteria:

Applicant *must provide **at least one*** of the following forms of documentation to demonstrate financial need:

1. Current W-2
2. AFDC (Aid to Families with Dependent Children)
3. State benefit notification letter
4. Financial Award Letter

Volunteer Service: Applicant must provide documentation of community/volunteer service during past year.

Application Requirements:

1. Applicant should include a letter addressed to the Scholarship Committee, addressing his/her current financial status. The letter should include a statement describing their financial need, a biographical (Bio) summary that outlines a brief description of the applicant, and achievements or community service for past year.
2. Include a 500-word, double-spaced essay, describing an obstacle in your life that became a life-changing opportunity for you to demonstrate an act of kindness to someone. Explain.
3. Two (2) professional letters of recommendation or references from an educator or current employer.
4. A copy of the Acceptance Letter or proof of enrollment (from perspective institution).
5. Official transcript
6. A camera ready head shot photo
7. Completion of the Certification Agreement from n-ACTION Family Network, once accepted must be signed and returned prior to releasing scholarship funds.

Please mail the completed application and materials to:

Mailing Address: n-ACTION Family Network
P.O. Box 1715
La Mirada, CA 90637-1715

All completed applications, supporting documentation, and a camera-ready (head-shot) photo must be **received** no later than May 15th. **No email applications** will be accepted.

Application Period: **January 30th - May 15th** (Incomplete or late applications received after May 15th will be disqualified.)

Questions: For questions or additional information, please call: (562) 964-0685



Mesereau Humanitarian Scholarship Application Form

Please print or type your answers.		
1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____	
3.	Daytime Telephone: () _____	Cell Phone Number: () _____
4.	Email Address: _____	
5.	Date of Birth: Month Day Year	
6.	Name of High School: _____	
7.	Name of college or institution attending in the fall: _____	
8.	A. The following items must be attached to this application form in order to establish eligibility and be reviewed by the scholarship committee. B. Circle "YES" or "NO" to confirm you have attached each item as required.	
	YES NO	Complete an Application Cover Letter addressed to the n-ACTION Family Network Scholarship Committee. Include a statement of financial hardship; a biographical sketch, and a 500-word (double-spaced) essay which describe an obstacle that became a life-changing opportunity for you to demonstrate an act of kindness to someone. Explain.
	YES NO	Two (2) Letters of Recommendation written by an educator or employer, with significant knowledge of the applicant's achievements.
	YES NO	Provide a copy of the school's Acceptance Letter or proof of enrollment.

STATEMENT OF DECLARATION:

I hereby affirm and declare that all the above information provided by me is true and correct to the best of my knowledge. I further understand that I must provide proof of acceptance, registration, and a signed letter of intent. I hereby understand that if I am selected as a scholarship recipient, I must attend a four-year accredited university or two-year college, and the scholarship award must be used to cover school financial expenses only.

Signature of applicant: _____

Date: _____

Signature of applicant's reference: _____

Date: _____

Signature of applicant's counselor: _____

Date: _____

Mail the completed application and materials to:

n-ACTION Family Network ~ P.O. Box 1715 ~ La Mirada, CA 90637-1715 ~ Voice Mail: (562)964-0685
Tax Exempt: **501 C3 #27-0075115**