



Linked in Friendship, Connected in Service  
Inglewood Pacific (CA) Chapter

# INGLEWOOD PACIFIC CHAPTER

*Serving the Inglewood, Culver City, El Segundo, Marina del Rey,  
Westchester and LA County communities*

## 2021-2022 SCHOLARSHIP APPLICATION

Please **read and review** the "Eligibility Requirements" and "Directions for Applicants" before you begin to complete the application. IT IS IMPORTANT TO FOLLOW DIRECTIONS CAREFULLY. **FAILURE TO DO SO COULD RESULT IN YOUR APPLICATION BEING DISQUALIFIED.**

### Applicant's Information:

Academic Year: **2021-2021**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Cellular) (Email)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month/Day/Year City/State

US Citizen: Yes  No

### School Information:

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

SAT \_\_\_\_\_ or ACT \_\_\_\_\_  
Date Reading Math Writing Date Reading Math Writing

### Post High School Graduation:

Submitted application(s) for admission to the following colleges and universities:

\_\_\_\_\_  
\_\_\_\_\_



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College or University You Plan to Attend:

\_\_\_\_\_ (Name) (City/State)

What is Your Planned Major? \_\_\_\_\_

Future Career Choice? \_\_\_\_\_

## Leadership Experience:

List School and Community Organizations of Which You are A Member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Class or School Offices or Leadership Positions Held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Information:

Father's Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Father's Occupation: \_\_\_\_\_ Approximate Annual Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)



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Mother's Occupation: \_\_\_\_\_ Approximate Annual Income: \_\_\_\_\_

Number of Siblings \_\_\_\_\_ Number of Siblings in College \_\_\_\_\_

Are you the first person in your immediate family to go to college? Yes  No

Number of Persons in Your Family Dependent on Your Parents for Financial Support: \_\_\_\_\_

## Certification:

I certify that the information contained in this application is true, complete, and accurate. Should any portion of my application be found inaccurate, I realize that my application will be disqualified.

I agree that the Inglewood Pacific Chapter of The Links, Incorporated may use my image. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include but may not be limited to printed materials such as brochures and newsletters, videos, and digital images such as those on the Inglewood Pacific Chapter of The Links website or The Links, Incorporated website.

(Applicant Printed Name)

(Applicant Signature)

(Date)

(Parent or Guardian Printed Name)

(Parent or Guardian Signature)

(Date)