

# Scholarship Request Form • "I Have A Dream" Foundation—Los Angeles

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[www.ihadla.org](http://www.ihadla.org)

# 1

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ Program # \_\_\_\_\_

Email address: \_\_\_\_\_ High School Graduation/GED date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

SS# \_\_\_\_\_ Student ID #: \_\_\_\_\_

Contact #: \_\_\_\_\_

# 2

## SCHOOL INFORMATION

School Name: \_\_\_\_\_ New School?  Yes  No  
Part time:  Full time:

Status:  Freshman  Sophomore  Junior  Senior  Graduate Student

Academic Term: \_\_\_\_\_ Year: \_\_\_\_\_

Major(s): \_\_\_\_\_

Expected graduation date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Major life changes or accomplishments: \_\_\_\_\_

# 3

## SCHOLARSHIP INFORMATION

Amount requesting: \$ \_\_\_\_\_

Purpose of request:  Tuition  Housing  Text books

Check can only be sent to a valid campus office address.

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

### YOU MUST ATTACH

- Billing statement from school
- Financial aid award letter
- Unofficial transcripts
- Proof of current registration and class schedule

# 4

## VERIFICATION I verify that the above information is true and correct.

Academic Advisor's Name: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

"I Have a Dream" Foundation-Los Angeles use only.

Amount approved: \$ \_\_\_\_\_ Date mailed/picked up: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check# \_\_\_\_\_

