



LA MIRADA  
COMMUNITY FOUNDATION

*"The Foundation improves the quality of life in La Mirada by supporting services and programs meeting the needs of the community"*

13700 La Mirada Boulevard, La Mirada, California 90638 (562) 943-0131

**Bob Jenkins Community Scholarship Application  
Due Thursday, April 11, 2024**

The La Mirada Community Foundation is seeking scholarship applications for graduating high school seniors residing in La Mirada. The scholarships vary in amount, and are intended to provide financial assistance to students planning to attend a university, college, or community college.

Applicants are responsible to write an essay (approximately 500 words or more) reflecting on the value of community services and discussing their personal involvement in community service work as well as the impact this has had on you and your community.

Students must reside in the City of La Mirada and submit residency proof (utility bill, etc.).

**Please complete this application and submit it along with the required Personal Statement to the La Mirada Community Foundation for consideration by the deadline of April 11, 2024. All required documents must reach the La Mirada Community Foundation Scholarship Committee no later than April 11, 2024. You may submit by mail at:**

**Mail to:                   La Mirada Community Foundation  
                                  Attn: Scholarship Committee  
                                  13700 La Mirada Boulevard  
                                  La Mirada, CA 90638**

## SECTION 1 – APPLICANT INFORMATION

### Contact Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

### High School(s)

Name & Location of Institution	Date From	Date To

### Employment Experience (List most recent first)

Employer	Title or Type of Work	Date From	Date To

### Volunteer Service (List most recent first)

Organization	Title or Type of Service	Date From	Date To

### Leadership Experience (List most recent first)

Organization	Office or Position	Date From	Date To

## Proposed Institutions of Higher Education

**Name of institution 1** \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Location \_\_\_\_\_

Have you received a decision on your application? \_\_\_\_\_

**Name of institution 2:** \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Location \_\_\_\_\_

Have you received a decision on your application? \_\_\_\_\_

### SECTION 2 – REQUIRED DOCUMENTS – Please check for each item.

\_\_\_\_ 1. COMPLETED APPLICATION FORM

\_\_\_\_ 2. PERSONAL ESSAY: Attach to this application an essay of one to two typed pages stating how this scholarship will help you advance your career goals and benefit the community at large. (See sample essay in packet)

\_\_\_\_ 3. SIGNED APPLICANT’S AGREEMENT: Form attached.

\_\_\_\_ 4. SUBMIT PROOF OF LA MIRADA RESIDENCY (Utility bill).

\_\_\_\_ 5. TWO (2) RECOMMENDATIONS: Submit attached letters of recommendation from teachers, counselors, or employment supervisor with your application.



## RECOMMENDATION

Name of Applicant \_\_\_\_\_

### PART II — To be completed by an academic instructor or employer/supervisor.

1. In what capacity and how long have you known the applicant?

2. How firm is the applicant's commitment to their proposed field of study?

3. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Very Good	Average	Below Average
Leadership				
Initiative				
Seriousness of purpose				
Enthusiasm				
Adaptability				
Maturity				
Emotional stability				
Public speaking				
Community service				

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 3.

5. Additional comments:

Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed evaluation to the applicant or by mail before April 11, 2024 to:*

**La Mirada Community Foundation**  
**Attention: Scholarship Committee**  
**13700 La Mirada Boulevard**  
**La Mirada, CA 90638**

**\*\*You may also email the letter of recommendation to: Leticia Revilla, [lrevilla@cityoflamirada.org](mailto:lrevilla@cityoflamirada.org)**



## RECOMMENDATION

Name of Applicant \_\_\_\_\_

### PART II — To be completed by an academic instructor or employer/supervisor.

1. In what capacity and how long have you known the applicant?

2. How firm is the applicant's commitment to their proposed field of study?

3. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Very Good	Average	Below Average
Leadership				
Initiative				
Seriousness of purpose				
Enthusiasm				
Adaptability				
Maturity				
Emotional stability				
Public speaking				
Community service				

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 3.

5. Additional comments:

Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed evaluation to the applicant or by mail before April 11, 2024 to:*

**La Mirada Community Foundation  
Attention: Scholarship Committee  
13700 La Mirada Boulevard  
La Mirada, CA 90638**

**\*\*You may also email the letter of recommendation to: Leticia Revilla, [lrevilla@cityoflamirada.org](mailto:lrevilla@cityoflamirada.org)**



I hereby apply for a La Mirada Community Foundation Scholarship:

**If I receive a scholarship, I agree:**

1. To permit La Mirada Community Foundation to use my name and all photographs and written reports generated through any of my activities related to my scholarship.
2. That I am responsible for gaining admission at my assigned study institution. I must abide by any decisions made by La Mirada Community Foundation officials concerning my scholarship.
3. That I am expected to embrace La Mirada Community Foundation’s spirit of volunteerism and engage in volunteer activities from the time of scholarship application, through the educational term, to a post-award commitment in my local community.
4. That my scholarship will not necessarily enable me to earn a degree, diploma, or certificate.
5. That the scholarship funding is for only those items required for my studies (such as tuition and other required fees, books, academic supplies, travel to my study location at the commencement and end of my scholarship year, accommodation and food.) I further understand that I will need to seek alternate sources of funding if my costs exceed this amount.
6. That La Mirada Community Foundation is in no way liable for a scholar’s personal welfare or responsible for enabling a scholar to pursue his or her studies beyond the scholarship period. The La Mirada Community Foundation assumes no responsibility or obligation whatsoever beyond providing the amount of the scholarship.
7. All applicants agree that decisions of the La Mirada Community Foundation Scholarship Committee are final. To receive the award, recipients agree to authorize release of scholarship application materials and photograph for use by the La Mirada Community Foundation program promotion and publicity. Applicants agree to release, discharge and hold harmless La Mirada Community Foundation and their respective subsidiaries, affiliates, officers, directors and employees, from any and all claims or damages arising out of, in any way, their participation in the program. La Mirada Community Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program. Questions about the application process may be directed to the La Mirada Community Foundation Committee at (562) 943-0131.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature for Applicant <18 years

\_\_\_\_\_  
Print Parent or Guardian Name