



# *Assistance League of Temecula Valley*

## Scholarship Application

Name:		
Street Address:		
City:	State:	Zip Code:
Email address:	Telephone:	
Current High School, College, or Trade School		GPA:
Name and location of college or trade school that you will attend in the Summer or Fall of 2025:		

For Riverside or San Bernardino County residents, Assistance League of Temecula Valley is awarding this scholarship for \$2,000 to a local college or accredited trade school that you will be attending. You may use the scholarship dollars for tuition and any education-related expenses.

If you are awarded a scholarship, evidence of attendance at your college or accredited trade school must be provided directly from the school to Assistance League of Temecula Valley. This may be sent via email or regular mail after your school's official drop deadline. Failure to provide proof of attendance may result in forfeiture of your scholarship.

**SPECIFIC CRITERIA:** To qualify for consideration, recipients must meet all of the following criteria:

1. At the time of submitting this application:
  - a. You must intend to enroll in a local community college or accredited trade school program in the Summer or Fall of 2025.
  - b. High school students must be on track to graduate in June 2025.
2. You must have a GPA of 2.5 or above.
3. You must be classified as living in a family with a Low/Moderate Income (LMI). If awarded, you must complete the Income Limits Certification.

**TO APPLY:** Please complete the following:

1. Complete pages 1 and 2 of this application.
2. Provide one letter of recommendation.
3. Provide a copy of your official transcript.
4. Provide a one to two-page essay describing:
  - a. Any adversities or challenges you have faced and how you overcame them.
  - b. Your educational and professional goals
  - c. What is your current financial situation, and why do you need assistance?

**DELIVER COMPLETED APPLICATIONS TO:** (no emailed applications will be accepted)

Connie Harris, Scholarship Chairman  
Assistance League of Temecula Valley  
28720 Via Montezuma  
Temecula, CA 92590

**THE COMPLETE SCHOLARSHIP APPLICATION PACKET MUST BE RECEIVED ON OR BEFORE 4:00 pm, Wednesday, May 21st, 2025. Incomplete or late applications will not be considered.**

Contact Connie Harris at [conlovesbooks@aol.com](mailto:conlovesbooks@aol.com) or (951) 965-9975 with questions or concerns.



# Assistance League of Temecula Valley

## Scholarship Application

### Income Limits Certification

**Note: Total Yearly Family Income means** all persons living in the same household who are related by birth, marriage, or adoption and are benefiting from the activities and **contribute to Total Yearly Family Income**

### 2024-25 Fiscal Year - Income Limits Certification Chart

Based on the 2024-2025 Fiscal Year H.U.D. CDBG Income Limits Certificate Chart

		Household Size ▼	Income Level 1. Equal to or less than the amount listed below.	Income Level 2 Equal to or less than the amount listed below	Income Level 3 Equal to or less than the amount listed below
1) <b>CIRCLE</b> the number of people in your family in the first column.  2) To the right of your selected family size <b>CIRCLE</b> the Income amount that is equal to or less than your yearly Family Income.		1	\$21,550	\$35,900	\$57,400
		2	\$24,600	\$41,000	\$65,600
		3	\$27,700	\$46,100	\$73,800
		4	\$30,750	\$51,250	\$82,000
		5	\$33,250	\$55,350	\$88,600
		6	\$35,700	\$59,450	\$95,150
		7	\$38,150	\$63,550	\$101,650
		8	\$40,600	\$67,650	\$108,250

#### Ethnicity/Race:

<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Other (Please specify.)		

#### Gender:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Other		

#### Head of Household:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

I (undersigned) hereby certify that the information and documentation provided is accurate and complete. I understand that this certification may be subject to further verification by the agency providing services.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Contact Connie Harris at [conlovesbooks@aol.com](mailto:conlovesbooks@aol.com) or (951) 965-9975 with questions or concerns.