****

**Laveen Community Council**

**Scholarship Program - 2025**

The Laveen Community Council will award a minimum of three scholarships of at least $1,500 each.  
  
**Qualifications:**

1. Be a graduating senior who is a resident of or attends school in Laveen, Arizona\*
2. Have a cumulative unweighted grade point average of 3.25 or above.
3. Demonstrate a history of community involvement.
4. Must be able to have college acceptance letter when receiving the scholarship.

(Vocational and trade school commitment letter is acceptable.)

\* Laveen is defined as the area:

* + West of 27th Ave
  + East of 91st Ave
  + North of the South Mountain Park & Gila River Indian Reservation
  + South of the Salt River

**The Application Process:**

1. Please print and complete [the application page](https://docs.google.com/document/d/1Zoejxi5u2DdOE31G31Q4JBHqNuJKMYFM6cHsj_3AAfg/edit). Due to school restrictions, please include the name, email and phone number on the signature line of the application of the person we should verify your application at your school.
2. Use provided form showing evidence of regular involvement in charitable activities, volunteer service, school, church or community organizations.
3. Provide two letters of recommendation; one of which must be from a representative of where you volunteered for community service and one from a teacher or administrator from your high school. These can be submitted separately to the below address or via email to [margaret.carroll@laveen.org](mailto:margaret.carroll@laveen.org) with student name and LCC Scholarship in the subject line.
4. Submit an ***official sealed copy*** of your school or home school transcripts showing a minimum of a 3.25 unweighted GPA. Please have them sent to the below address.
5. Submit your minimum 300-word typed essay by the deadline.

**The Essay:**  
Please write an original essay with a 300-word minimum that answers the questions:  
  
*“What role does community service play in your life? How do you think your contribution made an impact or made the Laveen community better?”*

**The Deadline:**  
Please submit your application with all supporting material and the essay must be post marked by **April 4, 2005** to: Laveen Community Council, Scholarship Committee, PO Box 488, Laveen AZ 85339  
  
**Applications received after the extended deadline will not be considered.**  
  
**The Judging:**  
Representatives from the community will review the applications in a “blind” process where no characteristics other than the submissions and essays are known to the readers. The evaluators use a point system to determine the scholarship winners. Winners will be notified by email.

**Laveen Community Council**



**2025 Scholarship Application Form**

***Extended Deadline: April 4, 2025 --***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Community Involvement:** | | | | |
| *List no more than five Volunteer Opportunities* | | | | |
|  | Organization | Role | Dates Participated | Supervisor |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Extracurricular School Activities:** | | | | |
| *List no more than five Activities* | | | | |
|  | Activity | Role | Years Participated | Advisor |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Counselor Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
School Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselors Ext: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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