



## CSC & PAMC Health Foundation Scholarship 2025 Application

**Address:** 767 N. Hill St. #400, Los Angeles, CA 90012

**Email:** [youthcenter@cscla.org](mailto:youthcenter@cscla.org)

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### Eligibility Requirements:

- Be a graduating high school senior in 2025.
- Have a minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale.
- Be a U.S. citizen, legal permanent resident, or eligible non-U.S. citizen.
- Be pursuing higher education at an accredited and non-profit four-year college or university, junior college, or technical/trade school.
- Demonstrate financial need.
- Be current resident of Los Angeles County
- Submit the application to [youthcenter@cscla.org](mailto:youthcenter@cscla.org) by June 15th, 2025

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**Please fill out the application carefully. Type or print all responses using black ink and write legibly. Attach any additional pages as necessary.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: CA Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

U.S. citizen, legal permanent resident, or eligible non-U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Current high school: \_\_\_\_\_

Cumulative GPA (9th-12th grade on a 4.0 scale): \_\_\_\_\_

Indicate your plans for the continuation of your higher education after graduation.

School name: \_\_\_\_\_

Admitted \_\_\_\_\_ Waitlisted \_\_\_\_\_ Admission status unknown \_\_\_\_\_

Please include below the names and phone numbers of two adults that would be willing to speak on your behalf (no relatives).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**List any applicable activities, community service, work experience, and awards/honors.**

School Activities (e.g. athletics, clubs, yearbook, student leadership, music, dance, drama, etc.):

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Out of School Activities (e.g. Scouting, performance groups, etc.):

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Community Service (include the number of hours per week and weeks per year you perform the community service):

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Work Experience (include the number of hours per week and weeks per year you work):

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Awards & Honors:

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**On separate paper, please answer the following questions; should not exceed 500 words per question.**

If you are typing your statement, please double space and use 12 point Times New Roman.

1. *Describe a time when you made a difference through your volunteer work or community service. How did it impact your life and others' lives?*
2. Explain why you deserve to receive the scholarship. Please include the following documents:
  - *Verification of family income (For example: the most recent tax return)*
  - *Verification of academic performance (unofficial transcript from your high school)*
  - *Two recommendation letters (teachers, supervisor etc.)*

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### **Applicant Consent and Declaration**

I hereby certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection or withdrawal of my application at any point in the process.

I give my permission for my name to be used for publicity in connection with any scholarship awarded. The statements made in this application are true and correct.

By submitting this application, I consent to these terms.

Applicant Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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