



# WEST HOLLYWOOD YOUTH SCHOLARSHIP PROGRAM APPLICATION (2023-24)

*Sponsored by the City of West Hollywood - Funded by Community Donations*

This application is available online at [www.weho.org](http://www.weho.org) or by contacting the City of West Hollywood/Human Services Division at (323) 848-6510. Scholarships are \$2,000.

Please submit by **Friday, May 10, 2024** by one of the following:

**1. Mail**

City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Attn: Human Services

**2. Email**

Save this file to your computer, fill out and email to Human Services at [wehocares@weho.org](mailto:wehocares@weho.org)

**Name:**

<input type="text"/>		
<i>(First Name)</i>	<i>(Middle Name or Initial)</i>	<i>(Last Name)</i>

**Street Address:** *(Note: Residency must be in the City of West Hollywood & must be a street address, not a post office box.)*

<input type="text"/>	
<b>West Hollywood, CA</b>	<input type="text"/>
<i>(Zip Code)</i>	

**Phone:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>(Home)</i>	<i>(Cell)</i>

**Email:**

<input type="text"/>	<input type="text"/>
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## **REQUIREMENTS**

### **I. HIGH SCHOOL**

<b>High School Attending:</b>	<input type="text"/>
<b>Date of Graduation or Anticipated Graduation from High School:</b>	<input type="text"/>
<b>If applicable, date GED Received or Expected to be Received:</b>	<input type="text"/>

## II. POST-SECONDARY EDUCATION

Please indicate the name & address of post-secondary institution (college, university, trade school, or vocational school) you are planning to attend. (*Attach proof of acceptance at this time; proof of enrollment will be required prior to the issuance of the scholarship award.*)

Name of Institution:	
Address of Institution:	

## III. COMMUNITY SERVICE

A minimum of 150 hours of community service at non-profit organization(s) is required. Verification of community service hours is required prior to receiving scholarship funds.

Please fill out below and then have an authorized representative of the organization document your volunteer hours on signed letterhead from the organization. If you volunteer for more than one organization submit the information below for each additional volunteer organization on a separate sheet.

Name of Organization:	
Address of Organization:	
Name of Contact:	
Contact's Phone Number:	
Contact's Email Address:	
Briefly describe what you will be doing for the organization:	

## IV. ESSAY

Please attach a brief essay (no more than one page long) describing your future plans (after high school or after receiving your GED).

I certify that the information provided herein is accurate and complete to the best of my knowledge. I am a resident of the City of West Hollywood. I understand that any false statements may lead to disqualification from the West Hollywood Youth Scholarship Program.

**If you are submitting this electronically, by typing your first and last name in the "Signature of Applicant" area, you are electronically submitting your signature.**

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(Signature of Applicant)

(Date)