



MARY ELLEN HILLGREN MEMORIAL SCHOLARSHIPS
Administered by
Assistance League of Flintridge

Submit to: Assistance League of Flintridge
4607 Oakwood Avenue
La Cañada Flintridge, CA 91011
Attn: Hillgren Scholarship

Applicant Information
(Please Print)

Name _____
Last First Middle

Male ____ Female ____ Birthdate _____
Citizenship _____

Permanent Home Address: _____
Street
City State Zip (_____) Telephone

Mailing Address
If different from above
Street Apt#
City State Zip (_____) Telephone

Father's Full Name _____

Home Address
If different from yours
Street Apt#
City State Zip (_____) Telephone

Mother's Full Name _____

Home Address
If different from yours
Street Apt #
City State Zip (_____) Telephone

List all high schools attended:

School	Address	Dates Enrolled
_____	_____	_____
_____	_____	_____

List Colleges to which you are applying in order of preference:

Mark (X) if you have already been accepted.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

List extra-curricular activities, honors and organizations, both in school and in the community_____

Personal Statement

Please submit a typed essay not exceeding 300 words stating how involvement in extracurricular school activities, athletics and community service have helped build your character.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature_____ **Date**_____

Parent's Signature_____ **Date**_____

(if under 18)