



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 Clearly)

Name _____
Last First Middle

Male _____ Female _____ Nonbinary _____ Birthdate _____ Citizenship _____

Permanent Home Address _____
Street Apt #

_____ (_____) _____
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. _____

To be considered for the MEH scholarship, the applicant must:

- Complete the application above
- Enclose an unofficial high school transcript
- Write and enclose a statement of extra-curricular activities, honors and organizations, both in school and in the community
- Write and enclose an essay not exceeding one page 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)