



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

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 and submit it to ALF by April 15, 2024
 - 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)