



**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, 2025
  - 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)