

Los Angeles City College Foundation

Hollywood Foreign Press Association Fellowship Application Fall 2018

The purpose of this fellowship is to provide support to LACC cinema and TV students who can demonstrate financial need. The award will be granted based on need and qualifications and will be awarded for the fall semester.

Name _____, _____, _____ F ___ M ___
Last First Middle

Home/cell phone # (____) _____ - _____ Student I.D. # _____

Permanent e-mail _____ Social Security # _____ - _____ - _____

May we contact you by e-mail? Yes ___ No ___

Address _____
Number & Street City Zip Code

Date of Birth: ____ / ____ / ____ Place of birth: _____

Married ___ Single ___ Divorced ___ Widowed ___ Spouse's/Partner's name: _____

Minimum requirements:

- Candidates must be enrolled in a minimum of six (6) units at LACC
- Candidates must have completed a minimum of 12 units of LACC Cinema/TV Department program prerequisites
- Candidates must have a minimum overall GPA of 2.5
- Candidates will have demonstrated financial need based on current or projected income as compared to expenses during their enrollment
- Candidates must submit a one-page, typed essay that will describe their goals for their cinema or television career, what led them to choose cinema or television as their major, and their financial needs
- Candidates must include their LACC Student I. D. and Social Security* numbers (*except international students) to complete the application
- Candidates must include a copy of their unofficial transcripts, current registration, and two (2) letters of recommendation from faculty members with their applications

Have you completed any courses at other colleges or universities? If yes, please list the information requested and **submit a transcript for each college or university attended.**

Name of college or university	Date attended	Date of graduation
High school from which you graduated _____	_____	_____

Name and location Date

What is your current major? _____

Do you plan to transfer to a college or university? _____

Name and location

Have you received any other scholarships? _____

If yes, give details

School and/or community activities in which you are currently or have recently been involved (if any)

Location	Activity	Dates
_____	_____	_____

Location Activity Dates

If you are currently employed, please indicate the name and address of your employer:

Employer	Address and city	Phone #
_____	_____	_____

Hours per week

Type of work

Signature _____ Date _____

Please submit this application to the LACC Foundation before **October 21st, 2018**. You will be notified by e-mail or phone **only** if you have been awarded a fellowship. Thank you for applying.

To assist in determining your financial need, please complete the following **REQUIRED** need analysis. Provide estimated figures for the 2017-2018 school year (9 months):

Source of Income	Amount \$\$	Expenses	Amount \$\$
Work		Fees	
Support from parents/others		Books	
Grants		Supplies	
Loans		Equipment	
Scholarships		Transportation	
TANF		Rent	
Other Assistance		Food	
Other (Specify)		Other (Specify)	
Total Income		Total Expenses	

Number of dependent children: _____

Ages of dependents: _____

IMPORTANT NOTE:

HFPA Fellowship recipients must include all receipts for equipment/supplies purchased with Fellowship funds.

Please sign and date below to indicate that you agree to comply with this requirement.

Print name

Date

Signature