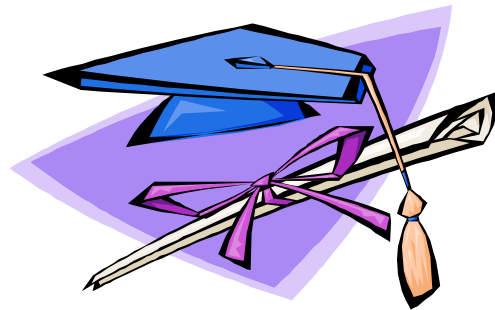


DR. HOWARD LONSDALE
SCHOLARSHIP

Endowed by
Gregory Allen Howard

Scholarship Application

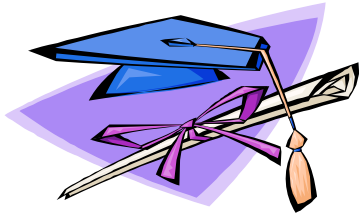


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BOYS & GIRLS CLUB



DR. HOWARD LONSDALE SCHOLARSHIP APPLICATION

ALL INFORMATION IS CONFIDENTIAL

PLEASE READ ENTIRE PAGE BEFORE FILLING OUT THIS APPLICATION FORM

Purpose of the Scholarship Program

This scholarship provides financial assistance to qualified high school graduates from the public schools of Vallejo, California. The award amount is \$10,000.

Eligibility Requirements

To be eligible for this scholarship, a candidate must be all of the following:

- A graduating senior of a Vallejo Public High School
- A United States Citizen
- Have at least a 3.0 grade point average for overall certified completed course work to date of applying
- Eligibility does not guarantee an award of scholarship

Application Requirements

Your completed application package must include the following materials:

- Completed scholarship application
- Completed scholarship application release
- An official sealed copy of the applicant's high school transcript
- A two page-typed (font 12pt minimum) doubled spaced essay, highlighting aspirations for attending college and your goals in life. Also include why you feel that you should be considered for this scholarship award
- Three letters of recommendation attesting to the applicant's academic abilities and achievements. One each from a teacher, community member, and other/non-family
- Letters of recommendations should be one page, typed (font 12pt minimum; doubled spaced), signed and include the contact information
- Copy of acceptance letter(s) or receipt from the Registrar's Office from the applicant's proposed college

Award Process

The Dr. Howard Lonsdale Scholarship Administrators will make the final decisions of awards. The decision of the Scholarship Administrators shall be final and shall be at the sole discretion of said Scholarship Administrators. Each applicant will be notified of the administrators' decision.

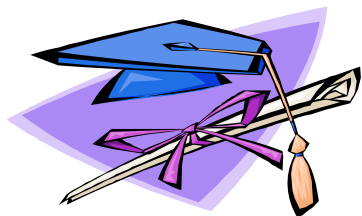
Obtaining Scholarship (Disclaimer)

After the administrators receive an official notice of enrollment (12 or more credits and financial status), one half of the scholarship will be forwarded directly to the recipient's college/university or the scholarship recipient, during the Fall semester/quarter. The second half of the scholarship will be forwarded directly to the recipient's college/university, or the scholarship recipient, after receipt of grades, proof of completing 12 semester/quarter units and enrollment in the Spring semester/quarter with a minimum of 12 semester/quarter units and financial status.

HAND-DELIVERED APPLICATION PACKETS WILL NOT BE ACCEPTED.

Mail your completed Scholarship Application by **April 19, 2007** to:

**Dr. Howard Lonsdale Scholarship
120 Juanita Court
Vallejo, CA 94590**



DR. HOWARD LONSDALE SCHOLARSHIP APPLICATION

120 JUANITA COURT ♦ VALLEJO, CA 94590 ♦ PHONE (707) 643-1728

Please type or print legibly (Black Ink)

Application process is **CONFIDENTIAL**

PERSONAL

Name			
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Last

First

Middle

Address			
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Number & Street

City

Zip

Telephone ()	Date of Birth	
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PARENT(S) /GUARDIAN(S) - MARITAL STATUS (CHECK ONE) () SINGLE () MARRIED

--	--

NAME

NAME

EDUCATIONAL

LIST YOUR EDUCATION:

	NAME OF HIGH SCHOOL(S)	DATES ATTENDED		GRADUATION DATE
1		From:	To:	
2		From:	To:	
3		From:	To:	

ACADEMIC STANDING

GPA _____ SAT _____ ACT _____

LIST THE COLLEGES/UNIVERSITIES APPLIED TO:

	NAME OF INSTITUTION(S)	ACCEPTANCE STATUS	ANTICIPATED ENROLLMENT DATE
1			
2			
3			

PROPOSED MAJOR

--

ATHLETIC / LEADERSHIP PARTICIPATION

SPORT/LEADERSHIP:	YEARS IN HIGH SCHOOL:
SPORT/LEADERSHIP:	YEARS IN HIGH SCHOOL:
SPORT/LEADERSHIP:	YEARS IN HIGH SCHOOL:

PERSONAL REFERENCES

TEACHER

NAME	ADDRESS	PHONE
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COMMUNITY MEMBER

NAME	ADDRESS	PHONE
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OTHER / NON-FAMILY

NAME	ADDRESS	PHONE
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INCOME

TOTAL FAMILY INCOME: \$ _____

CERTIFICATION

I certify that the information on this application is complete and accurate to the best of my knowledge and I will notify the Dr. Howard Lonsdale Scholarship Administrators of any changes.

I understand that my application and supporting information become the property of the Dr. Howard Lonsdale Scholarship Administrators and they shall have discretionary authority in all matters pertaining to this award.

I consent to the release of academic, financial and other information deemed necessary for consideration of this award.

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Applicant's Signature

Date

I (we) certify that the information provided for the above applicant is accurate to the best of my (our) knowledge.

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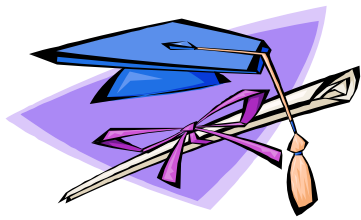
Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date



DR. HOWARD LONSDALE SCHOLARSHIP APPLICATION RELEASE

120 JUANITA COURT ♦ VALLEJO, CA 94590 ♦ PHONE (707) 643-1728

By submitting my application and electing to participate in the Dr. Howard Lonsdale Scholarship program (the "Program"), I and my parents hereby agree to follow all rules of the Program and further agree that all decisions regarding award of the scholarship shall be made in the sole and absolute discretion of the Dr. Howard Lonsdale Scholarship Administrators (the "Program Administrators"). The decisions of the Program Administrators regarding who shall receive the scholarships and in what amounts shall be final and binding on me and my family, and shall not be subject to challenge or appeal of any kind.

In the event of an error in administering the Program (for example, if the Program Administrators make a mistake in announcing the winners by announcing the wrong name, or more names than intended or otherwise), the decision of how to address such error shall be made in the sole and absolute discretion of the Program Administrators and similarly shall be final and binding on me and my family, and shall not be subject to challenge or appeal. Such decision may include reviewing all applications again and announcing new winners, announcing substitute winners or any other decision the Program Administrators may consider appropriate in their sole and absolute discretion.

I and my parents hereby agree to the foregoing terms of the Program and further agree to be bound thereby.

Accordingly, to the maximum extent permitted by law, I and my parents hereby agree on behalf of ourselves and our heirs, next of kin, spouses, guardians, legal representatives, successors and assigns (the "Applicant Parties") that none of the Applicant Parties shall sue or assert any claim, action, suit or other proceeding against the Program Administrators, the sponsors of the Program, and any other person or entity related to or affiliated with the Program, including, without limitation, the scholarship committee, Lynette Henley, Dr. Howard Lonsdale, Philmore Graham, The Continentals of the Omega Boys and Girls Club, Gregory Allen Howard, and any person or entity related to or affiliated with any of the foregoing (the "Program Parties"), and the Applicant Parties further agree that by electing to participate in the Program that the Applicant Parties hereby waive and are forever barred from asserting any such claim, action, suit or other proceeding. The Applicant Parties hereby release the Program Parties from any and all claims, actions, damages, liabilities, losses, costs and expenses of any kind (including, without limitation, attorneys fees and expenses) arising out of or in any way resulting from, or by reason of, my and/or any of the other Applicant Parties' participation in or in connection with the Program, including, without limitation, the failure of the Program Administrators to select me as a recipient of a scholarship award for any reason whatsoever.

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Applicant's Signature

Date

I/We have read, approve of and agree to the foregoing terms and conditions and the other terms and conditions of the Program and consent to the execution of this document and the application by my/our child. I/We hereby fully and unconditionally guarantee the performance of my/our child's obligations set forth above and in the Program application, and shall fully indemnify and hold harmless the Program Parties from any damages (including without limitation reasonable attorney fees) which the Program Parties may suffer should I/We or my/our child or any of the other Applicant Parties breach any obligation or promise set forth in the foregoing and/or the Program application materials, and/or make any false statement in connection with the Program, and/or make any attempt to disaffirm this document or the application.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date