



League of Volunteers

*Serving Children – The Needy – Seniors
in Fremont – Union City – Newark
through your support*

MICHAEL GENDREAU COMMUNITY SERVICE SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE _____ BIRTHDATE _____ M ____ F ____

HIGH SCHOOL _____ NO. OF YEARS ATTENDED ____

NAME OF 2 or 4 YEAR COLLEGE YOU PLAN TO ATTEND _____

INTENDED MAJOR _____ GPA _____

LIST HONORS, ACHIEVEMENTS, etc. YOU HAVE RECEIVED:

LIST EXTRA-CURRICULAR SCHOOL ACTIVITIES IN WHICH YOU HAVE
PARTICIPATED: _____

8440 Central Ave., Suite A/B Newark, CA 94560

1 Phone: (510) 793-5683 * Fax: (510) 793-5689 * email: lov@lov.org

Website: www.lov.org * Fed. ID # 94-2638329

LIST SERVICE ORGANIZATIONS TO WHICH YOU BELONG and ANY OFFICES HELD: _____

LIST COMMUNITY SERVICE WORK YOU HAVE DONE IN YOUR JR. and/or SR. YEAR WHICH QUALIFIES YOU FOR THIS SCHOLARSHIP.

PLEASE ADVISE NAME OF ORGANIZATION, TYPE OF VOLUNTEER WORK, NUMBER OF HOURS, CONTACT PERSON and PHONE NUMBER FOR

VERIFICATION: _____

NO. OF SERVICE HRS. REQUIRED FOR GRADUATION: _____

NAME OF PARENT or GUARDIAN _____

ATTACH BRIEF ESSAY ABOUT YOURSELF and YOUR CAREER GOALS

DEADLINE FOR SUBMITTAL TO LOV – 1ST TUESDAY IN APRIL

STUDENT SIGNATURE _____ DATE _____