



EOPS/CARE LISA WHITEHEAD GRANT APPLICATION

(FOR CURRENT STUDENTS ONLY)

Lisa Whitehead, an EOPS/CARE student, graduated from El Camino College in 1995. She transferred to the University of Southern California, School of Business and graduated in 1997. As a single mother, Lisa overcame many obstacles to achieve her goals. Although she passed away suddenly in September 1999 her spirit lives on with us. This grant is in memory of Lisa and her perseverance to overcoming obstacles on her road to success.

INSTRUCTIONS

1. The student must submit a **one-page essay** answering the prompt stated in the **Required Essay** portion of the application. **Only typed essays will be considered.** Incomplete, handwritten essays will NOT be accepted.
 2. The application must be submitted with the **Recommendation Form** (attached to the application) from a service agency representative, community leader, mentor, employer, counselor, advisor, or instructor.
 3. The student must currently be enrolled in courses and be a current member of EOPS and CARE programs.
 4. The Lisa Whitehead Grant is only awarded once to a student. Previous awardees are ineligible to reapply.
 5. The student must submit a completed Lisa Whitehead Grant Application and all supporting documentation to the **EOPS Office (SSVC-203)** by the established deadline. Incomplete, handwritten essays or late submissions will not be accepted. **The deadline to apply is Friday, April 12, 2019 by 1:00pm.**
 6. Students will be notified by Monday, April 22, 2019 if the grant was awarded. An email will also be sent to the student via his or her college issued e-mail account (MyECC). For the 2018-2019 academic year, two students will be awarded the Lisa Whitehead grant, in the amount of \$250 each.
 7. Students awarded the Lisa Whitehead Grant will be recognized during the EOPS/CARE, CalWORKS & Guardian Scholars 22nd Annual Recognition Banquet scheduled for Friday, May 17, 2019.
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Please keep this sheet as a copy for your records.

The El Camino Community College District is committed to providing an educational and employment environment in which no person is subjected to discrimination on the basis of actual or perceived race, color, ancestry, national origin, religion, creed, age (over 40), disability (mental or physical), sex, gender (including pregnancy and childbirth), sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military and veteran status, or retaliation; or on any other basis as required by state and federal law



EOPS/CARE

LISA WHITEHEAD GRANT APPLICATION

(FOR CURRENT STUDENTS ONLY)

1. GENERAL INFORMATION

EOPS CARE CalWORKs
 (Please check all that apply)

 El Camino College ID #

 Last Name First Name Middle Name

 Street Address City State Zip Code

 Telephone Number My ECC Student Email (REQUIRED) _____@elcamino.edu

2. REQUIRED RECOMMENDATION FORM

Please attach the completed Recommendation Form from a counselor, advisor, instructor, community leader, mentor, employer, or service agency representative. It is recommended that you ask for the Recommendation Form early in order to give the person enough time to complete your request. The Recommendation Form must be attached to your application at the time you submit.

3. REQUIRED ESSAY

Please describe any challenges or obstacles you have overcome in life in order to pursue your educational and/or career goals. Also, discuss how the Lisa Whitehead grant will help you succeed in college and accomplish your goals. The essay must be typed, Times New Roman, 12-point font, and checked for grammatical errors. Please attach your typed one page essay to this application.

CERTIFICATION

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge. I have read the instructions on the Lisa Whitehead Grant Application and have attached all required documentation. I understand that submitting a Lisa Whitehead Grant Application does not guarantee approval and that all decisions are FINAL.

Signature: _____ Date: _____

Please sign and date in blue or black ink



EOPS/CARE Lisa Whitehead Grant Spring 2019 Recommendation Form

General Student Information

Name
Last First Initial Area Code Phone Number El Camino College ID Number

ECC Student Email: @elcamino.edu

STUDENT SECTION: Complete the above information and give this form to a counselor, advisor, instructor, community leader, mentor, employer, or a service agency representative. The completed Recommendation Form must be attached to your Lisa Whitehead Grant Application.

RECOMMENDER SECTION:

The student whose name appears above is applying for the Lisa Whitehead Grant. The Lisa Whitehead Grant recognizes current students who have overcome obstacles to accomplish their academic and personal goals. You have the option of completing a PDF fillable form by going to the following link: <https://tinyurl.com/eopsforms>. Please return completed and signed recommendation form to student.

History: Lisa Whitehead, an EOPS/CARE student, graduated from El Camino College in 1995. She transferred to the University of Southern California, School of Business and graduated in 1997. As a single mother, Lisa overcame many obstacles to achieve her goals. Although she passed away suddenly in September 1999 her spirit lives on with us. This grant is in memory of Lisa and her perseverance to overcoming obstacles on her road to success.

The Grant selection committee would appreciate you answering the questions below in a specific and candid manner. If your knowledge of the student does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable.

Your Name Position

School/Organization
Area Code Phone Number

Email Address

1. How long have you known the student? _____ years _____ months. Under what circumstances?

2. What qualities best describe this student? (Short response)

3. Why do you believe the student should receive the Lisa Whitehead Grant?(Short response)

4. Check how you rate the student's characteristics and motivation. If unknown, leave the area blank.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1. Demonstrates leadership capability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Overcomes challenges/obstacles to pursue goals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Is highly motivated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Has potential for growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature _____ Date _____