



# Retired Employees of Los Angeles County

Your Pension and Health Care Watchdog

1000 S. Fremont Ave, Unit 15 · Alhambra, CA 91803-8802  
(626) 308-0532 · (800) 537-3522 · Fax (626) 308-2901 · email: [admin@relac.org](mailto:admin@relac.org) · [www.relac.org](http://www.relac.org)

## 2023 Scholarship Application

**Purpose:** The primary purpose of the RELAC Scholarship Program is an exclusive benefit program implemented to provide financial assistance to RELAC members and their immediate family members who are planning to attend an eligible educational institution.

**Eligibility:** The primary focus is to target RELAC members and members of their immediate family who are eligible to apply. A family member is defined as a child (including adopted children), stepchild, grandchild, or great-grandchild. A family member application must be sponsored by a RELAC member.

Scholarship applicants must attend an Educational Institution that is an accredited two or four year school that leads to a degree or certification.

### REQUIREMENTS:

**RELAC members who apply must submit the following statements:**

- A. Statement of goals
- B. Statement of community service

**RELAC immediate family members who apply must submit the following:**

- A. A transcript certified by an appropriate school official
- B. Two (2) adult references indicating why they believe the applicant deserves the award along with a listing of the applicant’s community service. Reference must provide the name, address, and telephone number of the adult providing the reference.
- C. A personal statement to support the application, to include your career goals and how you plan to achieve them. *(This statement should not exceed one page.)*

Please enclose only the required items for a *RELAC Member Application* or *Family Member Application*. Adding non-essential documents does not enhance the applicant’s possibility of being selected.

Applicant: Member (\_\_\_) or Family (\_\_\_)

PRINT NAME \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

If applicable - Family member nomination by RELAC Member:

\_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_

(RELAC Member - Print Name)

Relationship to Family Member Applicant: \_\_\_\_\_ (Parent, Grandparent)

**IMPORTANT: Application, References and current transcript must be postmarked by March 1, 2023**

## **EDUCATIONAL INSTITUTION INFORMATION:**

Identify the institution(s) to which you have been accepted as a candidate for a degree program:

## **FAMILY APPLICANTS PLEASE PROVIDE THE FOLLOWING INFORMATION:**

1. Community Service:

2. Work Experience:

3. School Activities:

4. Honors and Awards:

## **SCHOLARSHIP REFERENCES (TEACHERS/COUNSELORS) – FOR FAMILY MEMBER APPLICANTS**

Please attach two original letters of reference from an adult. The reference letters must include the following information:

- The contact person's job title;
- How long he/she has known the applicant and in what capacity;
- Why the applicant deserves the scholarship.

**CERTIFICATION & SIGNATURE**

I \_\_\_\_\_(your name) do hereby certify that this information is true, complete, and accurate. I authorize release of information to confirm and verify this application. I further authorize release of my name and photograph in connection with award announcements in the event I am selected. I understand that this information provided to the Scholarship Committee will be held in confidence and will be used solely for the purpose of scholarship selection. I also understand that this award can be applied toward tuition, fees, books, supplies, or equipment required for the courses necessary in my degree program. I understand that the decision of the RELAC Board is final and there is no appeal process.

**Applicant Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**RELAC Sponsor Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

Please submit your application package to the address listed below **by March 1, 2023:**

**RETIRED EMPLOYEES OF LOS ANGELES COUNTY  
1000 S. FREMONT AVE, UNIT 15  
ALHAMBRA, CA 91803-8802**

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**FOR RELAC OFFICE USE ONLY**

**Date application received:** \_\_\_\_\_

**RELAC Membership verified:** Yes\_\_\_\_\_ No\_\_\_\_\_