



# Los Ojos de la Familia

7916 Ranchitos Loop NW  
Albuquerque, NM 87113  
505-362-6073

[www.losojosdelafamilia.org](http://www.losojosdelafamilia.org)

## General Scholarship Application

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### APPLICANT GENERAL INFORMATION *(please print or type)*

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Name: \_\_\_\_\_  
*First MI Last*

Permanent Mailing Address: \_\_\_\_\_  
*No. Street or RFD Apt. #*

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*City State Zip*

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Ethnicity/Nationality *(optional)* \_\_\_\_\_

MALE  FEMALE

Are you a legal U.S. Resident?  Yes  No

How did you hear about Los Ojos de la Familia? \_\_\_\_\_

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### FAMILY INFORMATION *(please print or type) – Provide ONLY if applying based on need and still claimed as dependent on parent's return.*

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Applicant's Place of Birth: \_\_\_\_\_  
*City State Country*

Parent/Guardian: \_\_\_\_\_  
*First MI Last*

Parent/Guardian: \_\_\_\_\_  
*First MI Last*

Alternate Phone Number/Contact Name: \_\_\_\_\_

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**PURPOSE OF SCHOLARSHIP REQUEST**

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Please indicate which of the following categories the scholarship will be applied toward:

Undergraduate  Graduate  Vocational/Technical/Trade School

Please check the box if you are a first generation student to attend a college or university.

The General Scholarship is based on a combination of financial need and merit. The category you have selected above will determine the information needed for the committee to evaluate your application. Please complete the appropriate sections below.

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**(A) EDUCATION INFORMATION**

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APPLICANT: To the best of your knowledge, please record your information in the boxes below based on the category indicated above. ANY information provided in this section must be supported with official documentation such as transcripts.

**Graduating Seniors provide the following:**

GPA	High School Class Rank	Number in Class	ACT	OR	SAT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Counselor's Name: \_\_\_\_\_

High School Counselor's Office Telephone Number: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Name of College or University you have applied to attend

\_\_\_\_\_

*State*

*Name*

**Undergraduate and Graduate Students provide the following:**

GPA	Year	Course of Study	Graduation Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If applying as a current Undergrad provide current GPA, current year of study (freshman, sophomore, etc.), and anticipated graduation date*

*If applying as a Graduate student, provide current or undergrad GPA, year of study, and anticipated graduation date*

*If you are unclear what data is most applicable to your situation, provide any and all information relevant to your situation and most recent GPA*

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vocational/Technical/Trade**

Course of Study	Enrollment Date	HS Graduation Date	Anticipated Graduation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**(B) COMMUNITY INVOLVEMENT**

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**SCHOOL/EXTRACURRICULAR ACTIVITIES** List up to five activities in which you have had the most involvement in the last four years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.) *Do not use acronyms.*

Activity Description	Years Involved	Highest Position Held

**COMMUNITY/VOLUNTEER SERVICE** List up to three agencies or organizations in which you have participated *WITHOUT PAY* during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.) Enter *TOTAL* hours per activity, over the last three years. *Do not use acronyms.*

Service Description	Total Hours

**WORK EXPERIENCE** List the last three jobs you have held the longest (food server, babysitting, lawn mowing, office work, etc.) *Do not use acronyms.*

Employer Name	Position	From Date MM/YYYY	To Date MM/YYYY	Hours (average per week)

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**(C) PERSONAL/PARENT/GUARDIAN FINANCIAL DATA (required)**

**Provide any and all information necessary to assess financial need. This may be your personal information if not a dependent of a parent or guardian. Answer relevant questions based on circumstance.**

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1. Adjusted gross income (*FORM 1040*): \_\_\_\_\_
2. Yearly untaxed income and benefits: \_\_\_\_\_
3. Total cash, checking, savings, and cash value of stocks (*exclude retirement plans, IRAs, 401Ks*): \_\_\_\_\_
4. Total number of family members living in the household and primarily supported by the reported income: \_\_\_\_\_

5. Total number of family members attending college at least half-time during the next school year, including applicant: \_\_\_\_\_

6. Marital status (personal/parent or guardian):  Married  Divorce  Separated  Widowed  Single

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**(D) OTHER SCHOLARSHIPS**

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PLEASE LIST OTHER SCHOLARSHIP PROGRAMS FOR WHICH YOU HAVE APPLIED:

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**(E) ESSAY – PLEASE ATTACH SEPARATELY**

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**In 500 words of LESS, address each of the points below in your essay:**

- Discuss a special attribute or accomplishment that sets you apart.
- Briefly describe your long and short-term goals
- How has your education contributed to who you are today?
- State any special personal or family circumstances affecting your need for financial assistance.
- **IF** Applying for a Vocational or Trade School explain why you have chosen this career path

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**CERTIFICATION and AUTHORIZATION**

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All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I understand that the provision of false or misleading information may lead to the rescinding of an award. I hereby authorize Los Ojos de la Familia to use any information contained in this application for the purpose of promoting and publishing the Program, or as legally required or permitted by Law.

**AUTHORIZATION FOR RELEASE OF RECORDS**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to applicant's school officials to release the applicant's secondary school record and other requested information for consideration in the Program.

Applicant signature *(required)* \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(required if applicant is under 18 years of age)*

**SCHOLARSHIP APPLICATION CHECKLIST:**

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Official transcript(s) – MANDATORY FOR GRADUATING SENIORS/UNDERGRADUATE/GRADUATE APPLICANTS
- Personal essay (see above) – MANDATORY FOR ALL APPLICANTS
- Personal/Parent/Guardian Form 1040 – MANDATORY FOR ALL APPLICANTS
- Letter(s) of Recommendation – MANDATORY FOR ALL APPLICANTS