

Los Ojos de la Família

7916 Ranchitos Loop NW Albuquerque, NM 87113 505-362-6073 www.losojosdelafamilia.org

General Scholarship Application

APPLICANT GENERAL INFORMATION (please print or type)

Name:					
First			МІ	Last	
Permanent Mailing Addres	s:				
Ŭ	No.	Street or	RFD		Apt. #
				Date of Birth:	
City		State	Zip		
Email Address:					
Home Phone:				Cell/Other Phone:	
Ethnicity/Nationality (option	aal)				
MALE	FEMALE				
How did you hear about Lo	os Ojos de la Fami	ilia?			
FAMILY INFORMATION (please print or type) – Provide ONLY if applying based on need and still claimed as dependent on parent's return.					
Applicant's Place of Birth: _	City			State	Country
Parent/Guardian:					
First Parent/Guardian:				MI	Last
First				MI	Last
Alternate Phone Number/0	Contact Name:				

PURPOSE OF SCHOLARSHIP REQUEST

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.

(A) EDUCATION INFORMATION

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	АСТ] O R [SAT	
				J		
High School:						
Address:						
City:			State:		:	Zip:
High School Co	unselor's Name:					
High School Co	unselor's Office Te	lephone Numbe	er:			
Intended Major	r:					
Name of Colleg	e or University you	I have applied t	o attend			
State	Name					
Undergraduate	e and Graduate Stu	dents provide	the following:			
GPA	Year		Course of Stud	у	Graduatio	n Date
If applying as a Gra	duate student, provide	current or undergr	ad GPA, year of stud	ly, and antic	ipated graduation d	nticipated graduation date late · situation and most recent GPA
School:						
Address:						
City:			State:			Zip:

Vocational/Technical/Trade

Course of Study	Enrollment Date	HS Graduation Date	Anticipated Graduation
School:			
Address:			
City:	State:		Zip:

(B) COMMUNITY INVOLVEMENT

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.*

1/YYYY (average per w	ek)
1,	/YYYY (average per we

(C) OTHER SCHOLARSHIPS

PLEASE LIST OTHER SCHOLARSHIP PROGRAMS FOR WHICH YOU HAVE APPLIED:

(D) ESSAY – PLEASE ATTACH SEPARATELY

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

- Discuss a special attribute or accomplishment that sets your 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

CERTIFICATION and AUTHORIZATION

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:

- Unofficial transcript(s) MANDATORY FOR GRADUATING SENIORS/UNDERGRADUATE/GRADUATE APPLICANTS
- Personal essay (see above) MANDATORY FOR ALL APPLICANTS
- Letter(s) of Recommendation MANDATORY FOR ALL APPLICANTS