



Los Ojos de la Familia

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 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

How did you hear about Los Ojos de la Familia? _____

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 MI Last

Parent/Guardian: _____
First MI Last

Alternate Phone Number/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	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

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.*

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

(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.

- Adjusted gross income (*FORM 1040*): _____
- Yearly untaxed income and benefits: _____
- Total cash, checking, savings, and cash value of stocks (*exclude retirement plans, IRAs, 401Ks*): _____
- 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

(D) OTHER SCHOLARSHIPS

PLEASE LIST OTHER SCHOLARSHIP PROGRAMS FOR WHICH YOU HAVE APPLIED:

(E) 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 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

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:

- 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