

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	MI		Last				
Permanent Mailing Address:							
No.	Street or RFD		Apt. #				
Cit		Date of Birth:					
City	State Zip						
Email Address:							
Home Phone:	Cell/Other Ph	one:					
Ethnicity/Nationality (optional)							
☐ MALE ☐ FEMA	N.E.						
IVIALE FEIVIA	ALC						
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.							
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Applicant's Place of Birth:		State	Country				
City		State	Country				
Parent/Guardian:							
First		MI	Last				
Parent/Guardian:							
First		МІ	Last				
Alternate Phone Number/Contact Na	ame:						

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: High School** Number in **GPA Class Rank** Class **ACT** SAT OR High School: _____ 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** 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

City:______ State:_____ Zip:_____

Vocational/Technical/Trade

Course	e of Study	Enrollment I	Date HS Gra	duation Date A	nticipated Graduation
'ala a al i					
Address:					
City:		State:_		Zip	:
(B) COMMUNITY IN	VOLVEMENT				
		List up to five activiti	es in which yo	u have had the m	ost involvement in the
	ol clubs, student gov	ernment, publication	-		
Activity Description			Years Involved	Highest Position	Held
Service Description					Total Hours
WORK EXPERIENCE I work, etc.) <i>Do not us</i>		bs you have held the	longest (food	server, babysittin	g, lawn mowing, office
Employer Name	Position 		From Date MM/YYYY	To Date MM/YYYY	Hours (average per week)
(C) OTHER SCHOLAI	RSHIPS				
PLEASE LIST OTHER S	CHOLARSHIP PROG	RAMS FOR WHICH YO	OU HAVE APPL	IED:	

(D) ESSAY – PLEASE ATTACH SEPARATELY

<u>In 500 words of LESS</u>, 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:

- 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