

**ZAVALA HISPANIC CULTURAL INITIATIVE
CONTINUING EDUCATION SCHOLARSHIP APPLICATION**



Thank you for your interest in the Zavala Hispanic Cultural Initiative Scholarship program. Application deadline is **15 Feb 2018**, and applications must be postmarked no later than this date to be considered. All information will be kept confidential within our scholarship program. Please submit a completed application to the following address:

**Zavala Hispanic Cultural Initiative
Attn: Scholarship Committee
P.O. Box 373
Wichita Falls, TX 76307**

A complete application packet includes the following:

Six-page scholarship application (including financial information and essay)

One official college transcript (please allow at least 2 weeks to receive transcript from your school)

Two letters of recommendation:

1. An academic letter of recommendation from an instructor, advisor, administrator, etc.
2. A personal letter of recommendation from a responsible person in your community who knows you well and can attest to your personal qualities and abilities. A family member or casual acquaintance may not write this letter.

Additional documents may be requested upon review of the application.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Telephone: _____ Alternative Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Date of Birth: _____

#1 Name of Parent/Guardian: _____

Address (if different from above): _____

Occupation: _____ Employer: _____

#2 Name of Parent/Guardian: _____

Address (if different from above): _____

Occupation: _____ Employer: _____

Has (either of) your supporting parent(s)/guardian(s) earned a 4-year bachelor's degree?
(Check one): **YES** **NO**

Last Name: _____ First Name: _____ MI: _____

2018-2019 Academic Year

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

COLLEGE/UNIVERSITY INFORMATION: (You must provide an official transcript)

As of the end of Fall 2017

College/University Attended: _____

Address of College: _____

City: _____ State: _____ Zip: _____

Academic Major: _____ Minor: _____

Student ID Number: _____ Date Accepted: _____

Expected Graduation Date: _____ Current GPA on a 4.0 scale: _____

1. Why did you choose this preferred college?

2. Why do you feel this specific college will prepare you for success, both in your intended major and in general?

3. How are you financing your college education and how will a scholarship impact your plan?

OTHER SCHOLARSHIPS RECEIVED/APPLIED FOR: (Use additional sheet of paper if necessary)

Scholarship Name	Amount	Received (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Scholarship *RECEIVED* or *EXPECTED TO BE RECEIVED* to date: \$ _____

Last Name: _____ First Name: _____ MI: _____

2018-2019 Academic Year

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

ACTIVITIES:

List any extracurricular activities in which you participated while in college in appropriate sections below (include any additional information on separate piece of paper if needed):

ACADEMIC AWARDS / HONORS:

Organization	Award/Honor	Position/Office Held	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXTRACURRICULAR ACTIVITIES (Memberships, Organizations, Sports, etc.):

Organization	Award/Honor	Position/Office Held	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER/COMMUNITY INVOLVEMENT:

Organization	Award/Honor	Position/Office Held	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT INFORMATION:

Employer	Dates of Employment	No. of Hours Worked per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Name: _____ First Name: _____ MI: _____
2018-2019 Academic Year

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

FINANCIAL INFORMATION: (Information will be kept confidential within our scholarship program)

- I am using estimated numbers (we reserve the right to request verification)
- I am using actual numbers
- I am a Dependent (Have Parents complete the form using information from their current Federal Income Tax return. If your parents have not filed taxes by the time they are filling this out, they may use estimated numbers.)

- I am Independent (Information about you and your spouse (if applicable) must be included.)
Figures should be taken from your current Federal Income Tax return.
You may claim independent if you are:
 - 24 years of age or older, or
 - Have served in the military, or
 - Are a ward of the court, or
 - Are married and living away from your parents, or
 - Have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years

Reporting Tax Year: _____

Adjusted Gross Income: _____

Total U.S. Income Tax Paid: _____

Wages, salaries, tips, earned from work by Self: _____

Wages, salaries, and tips, earned from work by Spouse: _____

All Untaxed Income and Benefit: _____
(Child support, AFDC, ADC, SSI, etc.)

Cash, Savings, Stocks, Bonds, CD's, etc.: _____

Net value of real estate holding not used as primary residence and not business or farm
(market value less balance of mortgage): _____

Net value of business or farm: _____

Parent's/Guardian's current marital status: _____ Student's current marital status: _____

No. of children in family: _____ No. of children in household attending college 18-19 academic year: _____

Extenuating Circumstances: If you and your family have unusual circumstances, please use the space below to explain, include any details that may be relevant. (Use additional sheet(s) of paper if necessary)

Last Name: _____ First Name: _____ MI: _____
2018-2019 Academic Year

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

ESSAY:

Complete an essay on separate piece of bond paper

Format:

- 8 ½ x 11 inch white paper
- Must be typed
- Use 12-point font
- Double-spaced
- 1 inch margins on all sides
- Fasten pages with a staple
- The essay should not exceed 650 words
- Spell-checked/grammar-checked
- Paper will have your full name

The essay should address the following topic:

“This is how I have demonstrated leadership ability both in and out of school for the benefit of my community and others.”

Your signature, the applicant, must be on the line below:

My signature on this form signifies that the essay submitted along with this application is my own work.

Signature of Applicant

Date

Last Name: _____ First Name: _____ MI: _____
2018-2019 Academic Year

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

CERTIFICATION:

Please review statements below and initial showing you understand and agree to these terms.

_____ I certify that all the information, including financial information, on this form is true and complete to the best of my (our) knowledge and the essay is my own work. If asked by Zavala, I (we) agree to give documentation for information given on this form. I (we) realize that this proof may include a copy of a Federal Tax Return. I (we) realize that failure to comply with a request for further information may prevent the applicant from being considered for scholarships. I understand that falsification of any kind of any information may result in the termination of the scholarship if one is granted to me.

_____ I understand that this application will be submitted via mail. It is the applicant's responsibility to print and submit a complete application and supporting documents as noted below by mail to:

Zavala Hispanic Cultural Initiative
Attn: Scholarship Committee
P.O. Box 373
Wichita Falls, TX 76307

_____ Complete application **must be** postmarked by **15 Feb 2018** to be considered.

_____ Complete application includes:

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Two letters of recommendation

1. An academic letter of recommendation from your school instructor, advisor, administrator, etc.
2. A personal letter of recommendation from a responsible person in your community who knows you well and can attest to your personal qualities and abilities. A family member or casual acquaintance may not write this letter.

_____ Scholarship recipients **must be enrolled** at an accredited college/university, full- or part-time, during the 2018 Fall Semester, at which time the awarded scholarship monies will be sent directly to the college/university.

_____ It is the scholarship recipient's responsibility to provide the **College Student ID Number** and contact information of the college/university's financial aid office to Zavala, for the funds to be applied.

_____ Each scholarship recipient is **required** to submit a hand-written thank-you letter addressed to the scholarship sponsor and mail it to Zavala's P.O. Box (address above) within four (4) weeks of being notified of their selection for an award.

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date

Contact us at info@zavalawf.com if you have any questions.

Scholarship winners will be notified via phone call and will receive two tickets to the 2018 Zavala Leadership Banquet where the award will be presented.

Last Name: _____ First Name: _____ MI: _____

2018-2019 Academic Year