



2018 League of Mexican American Women Scholarship Application

Applicant's Personal Information (Please Type or Print):

Name _____ Social Security Number: _____

Permanent Home Address: _____

City: _____ Zip: _____ Email: _____

Phone Number (____) _____ Date of Birth: __/__/_____

Are you of Mexican American Heritage? ___ Yes ___ No Place of Birth: _____

Will you be applying as a DACA student for the 2018 fall semester? ___ Yes ___ No ID# _____

Applicant's Educational Information (Include sealed official school transcripts)

High School or College currently attending:

Name _____ City _____ Graduation Date _____

Cumulative Grade Point Average (GPA): _____

High School/College Advisor _____

Email: _____ Phone Number:(____) _____

Check the college grade level you will be entering in the Fall of 2018:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Re-Entry

College or University you plan to attend next year? _____

Major Field of Study: _____

Career Objective: _____

Have you received the LMAW Scholarship in the past? ___ No ___ Yes, what year? _____

Briefly list your academic and professional achievements to date. You may complete this section or attach an additional sheet.

Briefly list your extracurricular activities in school and/or volunteer work in the community. You may complete this section or attach an additional sheet.

Financial Information (Please Check one of the following):

If you are **independent** and **self-supporting** please complete this section:

Income verification required: Send a copy of your recent **FAFSA Student Aid Report- SAR**. If not available, please send a copy of your most recent **1040 or 1040A Federal Tax form**. If self-employed, send **Schedule SE Form**. If you receive public assistance or social security benefits, please submit a **Statement of Verification**.

Your total income for last year: \$_____ (Income Verification Required)

Are you applying for any financial aid/scholarship/grants? Yes No

Please list financial awards/scholarships to date:

If you are a dependent and not-self supporting please complete this section:

Income verification required: Send a copy of your recent **FAFSA Student Aid Report- SAR**. If not available, please send a copy of your parents most recent **1040 or 1040A Federal Tax forms**. If self-employed, send **Schedule SE form**. If you or your parents receive public assistance or Social Security benefits, please submit a **Statement of Verification**.

Name of Parent/Legal Guardian: _____ Phone: () _____

Address _____ City: _____ Zip: _____

Total number in household: ____

Number of dependents: _____

Your income for last year: _____ (Income Verification Required)

Are you applying for any financial aid/scholarships/grants? ____ Yes ____ No

Please list financial awards/scholarships to date:

Essay Question/Personal Statement:

Please give a brief description of yourself, which must include responses to the following questions:

-Why do you want to pursue a college degree?

-What is your involvement in the Latino/ Mexican American community and how do you plan to contribute in the future?

-Please tell us about an event or experience that helped define who you are.

-Why should LMAW select you to receive this scholarship?

-Optional- Are there any special circumstances personal or financial that you would like the Scholarship Committee to consider in evaluating your application? Please explain

REQUIREMENT: A Minimum of one letter of recommendation from a current instructor, counselor, or school advisor.

Statement of Certification

I certify to the best of my knowledge the information provided in this application is true and correct.

Press and Media Release

If selected to receive a scholarship, I authorize the League of Mexican American Women to use my name, photo, school, and scholarship(s) awarded for press and media purposes.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Submit Completed application, together with all required documents in a sealed envelope.

Deadline: Postmarked no later than April 18, 2018 to the following address:

LMAW Scholarship: ATTN: Lilia Chavez

c/o Arte Americas Casa de Cultura

1630 Van Ness Ave

Fresno, CA 93721

