



## 2019 League of Mexican American Women Scholarship Application

### APPLICANT'S PERSONAL INFORMATION (PLEASE TYPE OR PRINT)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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 fall 2019 semester Yes\_\_ No\_\_ ID # \_\_\_\_\_

### APPLICANT'S EDUCATIONAL INFORMATION (INCLUDE SEALED OFFICIAL SCHOOL TRANSCRIPTS)

High School or College currently attending

Name	City	Graduation Date
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_____	_____	_____
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Cumulative Grade Point Average \_\_\_\_\_

High School/College Advisor \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check the college grade level you will be entering in the Fall of 2019

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, in 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

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**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/scholarship grants?  Yes  No

Please list financial awards/scholarships to date

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**ESSAY QUESTION/PERSONAL STATEMENT**

Please give a brief description of yourself, which must include responses to the following questions:  
(Limit your response to 2 typed pages)

- 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 to it 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 grant?
- *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 March 29, 2019** to the following address:

LMAW Scholarship: ATTN: Lilia Chavez  
c/o Fresno Arts Council  
1245 Van Ness Avenue  
Fresno, CA 93721

**For more information visit our website  
<http://fresnocountylmaw.org/>**

#1 Score _____
#2 Score _____
Final Score _____/100

**(TO BE COMPLETED BY EVALUATOR ONLY)**  
 League of Mexican American Women  
 2019 Grant Committee Rating Sheet

Applicant's Name (please print) \_\_\_\_\_ **Total Score** \_\_\_\_\_/50

**Application Check List:**

- \_\_\_\_\_ Completed Application-Must be signed
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Sealed Official Transcript: **Cumulative GPA** \_\_\_\_\_
- \_\_\_\_\_ Financial Documents- IRS Tax Forms or FAFSA-Student Aid Report
- \_\_\_\_\_ Letter of recommendation
- \_\_\_\_\_ Current Photo

**TOTAL YOUR SCORE AT THE END AND PLACE IT AT THE TOP OF THIS PAGE. PLEASE SIGN RATING SHEET AT THE BOTTOM.**

**1. \_\_\_\_\_/20** Essay/Personal statement-Must answer questions a-d below, each scored on a 1-5 scale (20 point maximum)

- \_\_\_\_\_/5 a. Why do you want to pursue a college degree? Career and Educational goals
- \_\_\_\_\_/5 b. What is your involvement in the Latino Community and how do you plan to contribute to it?
- \_\_\_\_\_/5 c. Please tell us about an event or experience that helped define who you are.
- \_\_\_\_\_/5 d. Why should LMAW select you to receive this grant? May include challenges identified through financial need, family obligations, etc

**2. \_\_\_\_\_/10** Financial Need verified through financial documents provided(10 points maximum)  
 Family/Dependants \_\_\_\_\_ Independent \_\_\_\_\_ AGI/Income \_\_\_\_\_

**3. \_\_\_\_\_/10** GPA Score based on 2.8-3.0(7 points) 3.0-3.5(8 points) 3.51-4.0(9 points) 4.0 or higher(10 points)

**4. \_\_\_\_\_/5** Potential for success in chosen career. Are the applicant's grades, coursework, volunteer service, and personal characteristics in alignment with his/her chosen career? (5 points maximum)

**5. \_\_\_\_\_/5** Overall assessment. What is your overall assessment/evaluation of the applicant based on the information provided in the personal statement, *Optional*-letter of recommendation, transcript/course schedule, special circumstances, and application? (5 points maximum)

\_\_\_\_\_ **Total Score (50 points maximum)**

Additional comments, observations, notes from evaluator  
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 \_\_\_\_\_  
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Evaluator Name \_\_\_\_\_ Signature \_\_\_\_\_

