

INLAND EMPIRE SCHOLARSHIP FUND

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SCHOLARSHIP APPLICATION FOR HISPANIC COLLEGE STUDENTS

MUST BE A PERMANENT RESIDENT OF SAN BERNARDINO OR RIVERSIDE COUNTIES
(Applications are accepted between November 1 and February 1)

Name (last, first, middle)

Current mailing address

Email:

Permanent mailing address

(_____) _____
Telephone number

Date of birth

Age

Place of birth (city, state)

GPA
(Must be 2.7 or above)

High School attended

College attending in the fall
(Must be full-time student)

Major and level of education completed

Father's & Mother's name and occupation

Father's & Mother's average monthly gross income
(Submit federal tax form 1040)

State your anticipated source of support / income for next year (including financial aid, scholarships, grants, work study, and support from parents and /or relatives. Please be specific.

Submit a typed essay of approximately 500 words which includes the following: **1.** State your educational and career goals. **2.** Why you have selected your stated goal? **3.** Describe your life experiences which have influenced this decision **4.** Convey your anticipated role in society after your career objectives have been obtained. **5.** Explain why you feel that you should be a scholarship recipient of the Inland Empire Scholarship Fund. If you have economic, personal, or social difficulties, please include that in your essay. Describe your Hispanic heritage: ___ Mother Hispanic, or ___ Father Hispanic, or ___ Hispanic Parents.

Scholarship award categories: Indicate your status/level for next fall and the name of the college you will be attending.

Community College _____

Graduate Student _____

University Undergraduate _____

Professional School _____

Before submitting your application please check that the following items have been included:

Checkmark

1. **500 word essay** as described above: _____
2. Your **latest federal tax return** (form 1040), or that of your parent if you are a dependent: _____
If your family does not file the 1040, contact IESF to determine acceptable documentation of income.
3. Latest **sealed official transcripts** from schools attended: _____
4. Employment history (places worked and dates) or resume: _____
5. Number of persons in home including ages and relationships: _____

I certify that the information provided is true and correct to the best of my knowledge.

Date

Signature

Submit your completed application to C/O Dr. Sosa, 1340 Cahuilla Colton, CA 92324

Phone: (909) 825-8434 Email address: emsosa@sbcglobal.net

Must be postmarked no later than midnight February 1st.

Incomplete applications will not be considered.