

INLAND EMPIRE SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

FOR HISPANIC COLLEGE STUDENTS OF SAN BERNARDINO AND RIVERSIDE COUNTIES

(Applications are accepted between **November 1 and February 1**)

Name (last, first, middle)

Email: _____

Address (street, city, zip code)
(Permanent mailing address.)

(_____) _____
Telephone number

Date of birth

Age

Place of birth (city, state)

GPA Must be 2.7+
or above

High School attended
or college 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 plan to attend in the line below.

Community College _____ University Undergraduate _____ Graduate Student _____ 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: | _____ |
| 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 C/O Dr. Sosa, 1340 Cahuilla Colton, CA 92324

Must be postmarked no later than midnight February 1st.

Incomplete applications will not be considered.