

APPLICATION INFORMATION 2018

Email Address _____ **Date of Birth:** _____ **Student ID# :** _____

First Name Middle Last		Social Security or ITIN#: - -
Address:		Apt/House?
City, State	Zip Code:	Home Phone: Cell Phone:

Education/High School

Last School Attended: _____ ADDRESS: _____ City _____ State _____ Zip _____		
Anticipated graduation date:	Current cumulative GPA:	Major:
If already registered for classes, how many credit hours?		

UNIVERSITY, COLLEGE OR TRADE SCHOOL INFORMATION

Last School Attended: _____			
Address: _____		City: _____	State: _____ Zip: _____
Phone: _____		Website: _____	Contact: _____ Phone# _____
Tuition Balance: \$ _____		Email: _____	Registered for 2018/2019 year? _____ Anticipated Grad Date _____
Anticipated graduation date:	Current cumulative GPA:	Major:	
If already registered for classes, how many credit hours?			

Academics

Academic Awards:
Clubs/Organizations/Community Activities (Please be specific and indicate any office held):

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Work History (Last three employers beginning with the most recent)

Employer Name:		
Address:	Phone:	
Supervisor's name:	From:	To:
Employer Name:		
Address:	Phone:	
Supervisor's name:	From:	To:
Employer Name:		
Address:	Phone:	
Supervisor's name:	From:	To:

Family Information

Family Income:	# of Family members:	Are any of your family members (or will be) attending a College or University this year?
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FAMILY INFORMATION		
<i># in Household</i>	<i>Head of Household</i>	<i>Household Income</i>
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	
<i>Name</i>	<i>Relationship</i>	

Any questions please contact Irene Herrera at 708-296-7006 or email at hispanofest@yahoo.com

NOTE: All information provided is confidential and will be reviewed by the HispanoFest Scholarship Committee. Awardees will be notified by phone, email or mail. Scholarship funds are paid directly to the institution. By signing this document you agree that all the information provided is true and correct to the best of your knowledge.

Print Name: _____

Student Signature: _____ Date: _____

_____ Do not write below this line _____

(For Office Use Only)

Date Received: _____

Received by: _____

Complete: ____ Incomplete/Missing: ____ Approved for review: ____ Denied for review (incomplete): ____