



# 2023 High School Student Scholarship Competition

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

Mother's Name \_\_\_\_\_ : Father's Name \_\_\_\_\_

Anticipated Major or  
Choice of Study: \_\_\_\_\_

Have you applied to any colleges or  
universities? YES  NO  If yes, which ones? \_\_\_\_\_

Will you attend full time (12 or more credits)  
the 2022-2023 school year? YES  NO  If yes, when? \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Current GPA: \_\_\_\_\_ ACT Score: \_\_\_\_\_ SAT  
Score \_\_\_\_\_ Do you plan on taking  
either again? When? \_\_\_\_\_

## Recommendation

*Information about the individual writing your letter of recommendation:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Extracurricular Activities/Employment/Volunteer Experiences/Awards

*Please use extra paper if needed.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ How many hours did you participate there? \_\_\_\_\_

What did you do there? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Do you plan to continue to participate?: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ How many hours did you participate there? \_\_\_\_\_

What did you do there? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Do you plan to continue to participate?: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ How many hours did you participate there? \_\_\_\_\_

What did you do there? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Do you plan to continue to participate?: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. Any misrepresentation of the information presented may be grounds to withdraw the scholarship award. I am willing to forward any additional information if deemed necessary. I agree to accept the decision of the Scholarship Committee. I give permission to Latinos Working for the Future to use my name, picture or likeness as a scholarship recipient for the purpose of public relations and/or advertisement.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_