

## SFACC Latino Junior College Scholarship Fund

Application for **1<sup>st</sup> time applicant** only

Name: \_\_\_\_\_

**(Important: Please Print Name)**

Parents:      Father: \_\_\_\_\_

                 Mother: \_\_\_\_\_

Registration Number at SFACC: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (        ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

High School graduation date: \_\_\_\_\_ High School attended: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_ Number of semesters attending Junior College: \_\_\_\_\_

Name of Junior College attending (or desiring to attend): \_\_\_\_\_

Please describe involvement (ministries, organizations, groups) at SFACC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe reason for financial

need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you provide financial information (IRS tax returns, pay stubs, etc.) for: Parents: \_\_\_yes \_\_\_no

For yourself: \_\_\_yes \_\_\_no

Are you receiving any financial aid at this time: \_\_\_yes \_\_\_no

NOTE: Please attach a copy of last semesters report card (high school or junior college)