



LATINO BUSINESS ASSOCIATION

1110 Tully Road, Suite A Modesto CA 95350

LATINO BUSINESS ASSOCIATION

SCHOLARSHIP APPLICATION

Please type or print

Name _____
Last First Middle

Address _____
Number Street

_____ City State Zip

Telephone: (_____) _____ Cellular Number: (_____) _____

Email Address: _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Ethnic Origin: Mexican Puerto Rican Cuban South/Central American Other

Sex: Male Female

Citizenship: U.S. Citizen Legal Resident Other

Mother/Guardian Name _____ Phone (if different): (_____) _____

Address (if different): _____
Number Street City State Zip

Father/Guardian Name _____ Phone (if different): (_____) _____

Address (if different): _____
Number Street City State Zip

ACADEMIC DATA

High School _____ Date of Graduation _____ GPA/Scale _____

College _____ Major _____ GPA/Scale _____

Current Standing: (as of the date of this application): Not Enrolled High School Senior

College Freshman College Sophomore College Junior College Senior Graduate Student

ACT Score: _____ SAT Score: _____ Class Rank and Size _____

List honors, awards, extracurricular activities, and community involvement: _____

FINANCIAL DATA

Annual Family Income _____ # Dependents _____ # Dependents in college _____

College expenses for year of application: Tuition \$ _____ Room/Board \$ _____ Other \$ _____

Money available for college expenses: Parents \$ _____ Work \$ _____ Savings \$ _____ Other \$ _____

Have you applied for student financial aid? ___ Yes ___ No:

Please list amount of financial aid already secured \$ _____

PERSONAL ESSAY: Typed personal essay of not more than 300 words (telling us about yourself, your goals*, and how this scholarship will help your education).

I certify that all of the information in this application is true and complete.

Signature of Applicant

Date

Parent Signature

Date

(Only If applicant under 18 years of age at time of application)