



Asociación Boricua
de Dallas, Inc.

"Jorge Rivera" Scholarship Application

This application, along with all required materials, transcripts and recommendations need to be included in the same envelope. **Do not send materials separately. Please type or print and complete all questions. Fill in all blanks, using N/A if not applicable.**

Priority application deadline: Postmarked no later than October 29, 2010 (for high school seniors).

Mail to attention: Scholarship Committee
c/o Asociación Boricua de Dallas, Inc.
P. O. Box 740784
Dallas, TX 75374-0784

NOTE: Scholarship applications received after the **postmarked deadline** will be considered according to the availability of funds.

A. PERSONAL INFORMATION - PRINT NEATLY OR TYPE:

Name _____ SSN _____

Address _____
Street or Route City State Zip

County _____ Phone () _____ Birth date _____ Age _____

Gender: _____ Female _____ Male Name of Parent (s) or Spouse _____

U.S. Citizen? _____ Immigrant Visa # _____ Legal Residence State _____

Please indicate ethnic background: a) Caucasian b) African American c) Asian
Hispanic: d) Puerto Rican e) Mexican f) Cuban
g) Specify _____

College major (Indicate General Studies if undecided) _____

E-mail _____

B. EDUCATIONAL BACKGROUND:

HIGH SCHOOL: _____ City _____ State _____

Graduation year _____ Act Composite _____ Your Rank _____ Number in Graduating Class _____

Counselor Signature (required for **current** graduates) _____ High School GPA _____

SAT: Test Score _____ Year of SAT Test _____ ACT: Test Score _____ Year of ACT Test _____

Note: Minimum Scholastic Aptitude Test (SAT) score to apply for the scholarship is 1000 with a 2.80 GPA.
Minimum American College Test (ACT) score to apply for the scholarship is 21 with a 2.80 GPA.

Have you applied for admission to college? Yes No Name of College (s) _____

Have you been accepted for admission? Yes No Name of College _____

Please Check All That Apply:

I am a traditional student (under age 25)

For the Fall-Spring Academic Year I Plan To Enroll:

Full-time (12 or more hours per semester)

I completed college credits while in high school Half-time (6-11 hours per semester)
 I am a non-traditional student (over age 25) Less-than-half-time (1-5 hours per semester)
 I am a single parent

Have you ever attended any other college? Yes No Do you have a college degree? Yes No

Cumulative College GPA _____ Total Number of College Credit Hours Completed to Date _____

If you have completed **any** college hours the Registrar's Office Signature is **required** here: _____

C. FAMILY INCOME INFORMATION - Include Unemployment Benefits, State Aid, etc...

Number of persons now living in your household: _____
 How many from your household will be in college during 2004-2005 (include yourself)? _____

Family Income Range: Under \$19,000 \$20,000-29,999 \$30,000-39,999 \$40,000-49,999
 \$50,000-59,999 \$60,000-69,999 \$70,000-79,999 Over \$80,000

Have you applied for Pell Grant? Yes No Are you planning to live on-campus? Yes No

Dependent Students (under age 25): **MUST BE COMPLETELY FILLED IN.**

Employer	Position	Annual Income
Father _____		
Mother _____		
You (student) _____		

Independent Students (adults, married students):

Employer	Position	Annual Income
Student _____		
Spouse _____		

Do you plan to work while in college? Yes No

D. ACTIVITIES & HONORS

(What special recognitions, if any, did you receive for academic excellence in high school.)

List the most important activities/honors within the last two years

Civic Activities _____ Offices Held _____
 School Activities _____
 Honors Awarded _____
 Specify Award (s) _____

E. OTHER INFORMATION:

Displaced Homemaker (please indicate all that apply):

- I am unemployed or underemployed and am having difficulty obtaining or upgrading employment.
- I have worked primarily without pay to care for a home and family and for that reason have diminished job skills.
- I have been dependant on the income of another family member but am no longer supported by that income.
- I am a parent whose youngest dependant child will become ineligible to receive assistance under social security.

Armed Services:

Is/Was your spouse, either parent, grandparent, great-grandparent, son or daughter a veteran of the US Armed Services? _____

If yes, give their name _____ Relationship (to you) _____

Branch of service _____ Number of years in service _____

Are **you** a Veteran of the US Armed services? Yes No

Will **you** receive Veterans Educational benefits? Yes No

F. ESSAY - Essay is **required**. It must be **TYPED**, at least two paragraphs but **no longer than one page**. Your name must be typed in the upper right corner. This is a critical element of your application. Neatness, spelling and grammar are very important.

1. Why is an education important to you?
Describe your educational plans, career choice and future goals. Also note any special circumstances that may impact your educational plans.
2. Resumes are **not** part of this scholarship application -- please do **NOT** enclose a resume.

APPLICANT SIGNATURE (required) X Date / /

This is a confidential form. Information provided on this application is used to determine your eligibility for any Institutional and/or private scholarship awards. **With my signature I certify that all information provided is to the best of my knowledge true and complete and I have not willingly or knowingly withheld information. I grant permission for the college to release this information to scholarship donors if requested.**

It is the policy of this organization not to discriminate based on race, color, sex, age, religion, handicap, or other non-merit factors in compliance with Title VI of the Civil Rights Act, Title IX of the Higher Education Act of 1972, and section 504 of the Rehabilitation Act of 1973

For more information about Asociación Boricua de Dallas, Inc.: <http://www.BoricuaDallas.org>

Send e-mail to [WebAdmin](#) with questions or comments about this web site.

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