CAFÉ's Saúl Gallegos **DREAMER's Scholarship** POSTMARK DEADLINE: March 31st \$800 AWARD

The Community for the Advancement of Family Education (CAFÉ) proudly awards its Annual Saul Gallegos Scholarships to students demonstrating community service, academic performance, and leadership.

ELIGIBILITY REQUIREMENTS:

- Eligibility is limited to families with a combined annual income of less than \$30,000.
- Applicant must have a minimum cumulative GPA of 2.5 on a 4.0 scale
- Applicant must be a graduating senior from the following school districts: Wenatchee, East Wenatchee, Cashmere, Cascade, Entiat, Chelan or Manson.
- Applicant must be enrolled in an accredited College or University FULL-TIME beginning in the fall of the upcoming academic year.

Upon official certification of your enrollment, the \$800 will be sent directly to the school's financial aid office and dispersed, as the school requires.

INSTRUCTIONS

Make sure that your application packet is complete and legible. Did you answer **all** the questions? Did you print neatly using black or dark blue ink or type for legibility? Did you follow the provided instructions?

Full name is written on each document submitted

Application is signed

The personal essay must be typed and submitted by 5pm on or before the scholarship deadline. Late applications will not be accepted.

Submit By Mail:

Remove all staples from all materials you send (paperclips okay)

Submit all documents on white 8 ½ x 11-inch paper (except for official transcripts or recommendations on letterhead)

Mail all items unfolded, in one envelope

Application must be postmarked by **March 31**. MAIL TO:

CAFÉ

Attn: Saul Gallegos Scholarship Selection Committee 766 S. Mission St.

Wenatchee, WA 98801

The scholarship is awarded based on the following criteria (65-point scale):

25 Points

- Financial Need
- Academic Performance 5 Points
- Personal essay and 15 Points
 - Letters of Recommendation

• Demonstrated extra-curricular 5 Points and school related experience

• Community Service

15 Points

CAFÉ'S SAÚL GALLEGOS DREAMer's SCHOLARSHIP APPLICATION

PEASE TYPE OR PRINT. COMPLETE ALL SECTIONS.

| Name: First | | | | | Date:/_ | /20 |
|--------------------------------|-----------------|----------|---------------------------|--------------|----------------|-----------------|
| First | M.I. | Last | | | | |
| Mailing Address: | | | | | | |
| Address | | | City | | State | Zip |
| Telephone: () | | | E-Mail: | | | |
| Date of Birth: (MM/YYYY | Z)/ | | Birth Pl | ace: (City/S | tate) | |
| Gender: 🗌 Female 🗌 M | ale 🗌 Othe | r: | | | | |
| Did either of your parents of | ever attend col | lege? | Yes | 🗌 No | | |
| Cumulative High School G | PA: | (a minin | num 2.5 C | GPA on a 4.0 |) scale is req | uired to apply) |
| High School attending: | | | Principa | al's Name: _ | | |
| School District: | | | High School Telephone: () | | | |
| College you plan to attend | in fall: | | | | | |
| City: | State | Zip | | Planned M | lajor: | |
| Names of included reference 1. | 1 | | - | ` | 1 / |): |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5. | | | | | | |

Applicant Name:

FAMILY FINANCIAL STATEMENT

The selection committee can evaluate financial need for your education only if it knows how you are supported.

Fill in <u>all</u> blanks. If no income received write <u>zero.</u>

If you have not yet applied for financial aid, we suggest that you apply immediately. Some states or colleges have deadlines as early as January every year and you may be required to fill out forms in addition to the FAFSA form. Contact your school advisor or college for the application and for more information. You can also visit the website: http://www.fafsa.ed.gov.

| <u>Previous Fiscal Year Annual *Family Income:</u> Number of Children your parent(s) are currently supporting at least 50% (including yourself) | | | | | |
|--|--|-----------------|---------------------|--|--|
| Father's Occupation: | | | | | |
| Father's Gross Income | \$ | | | | |
| Mother's Occupation: | | | | | |
| Mother's Gross income | | | | | |
| **If no occupation/gros | s income, please explain: | | | | |
| *Social Security or Dist *TANF or Public Assis Approximate cost of co Financial help from par Financial help from oth (i.e. federal scholarship | tance\$llege/university first year\$ents for first year cost\$er sources (first year cost)\$ | | □No | | |
| Have you been gainful | ly employed while in school? If so | list employers: | | | |
| Name/Business | Address | | Dates of employment | | |
| 1 | | | From: | | |
| () | | | To: | | |
| 2. | | | From: | | |
| · | | | To: | | |
| 3. | | | From: | | |
| · | | | To: | | |

COMMUNITY SERVICE AND LEADERSHIP

In size 12 font (double-spaced), please type your response to the following:

- 1. List major school related activities, achievements, and awards you have received.
- 2. List clubs and organizations *outside of school* that you have participated in or volunteered for.
- 3. Personal Essay (no minimum characters/pages required): In your own words, address the following: What has been your greatest obstacle, how did you overcome it, and how can you apply that knowledge to enhance diversity in our community?

Certification: Student and Parent MUST read and sign below to be eligible for consideration.

- If selected, I will use this award toward college expenses and will notify my financial aid office of the award.
- I certify that I intend to enroll as a full-time college student for the upcoming academic year at an accredited postsecondary institution. I understand that if my plans to enroll change, it will result in loss of the scholarship.
- I give my high school consent to release to CAFÉ all information pertaining to this application package including GPA, enrollment, financial, and contact information.
- I certify that all the information provided is complete and accurate to the best of my knowledge.
- I authorize CAFÉ to share or publish my application information for the purpose of recruitment, public relations, or possible employment.
- I am aware that the scholarship check will be payable to the accredited postsecondary institution.
- I understand that the application materials become the property of CAFÉ'S Saúl Gallegos Scholarship Committee and cannot be returned.
- I understand that incomplete and late application materials will result in ineligibility and exceptions cannot be made.
- I certify that I have read this application and certification and accept all conditions.

| Student's Signature: | Date: | / | /20 | |
|----------------------|-------|---|-----|--|
| | | | | |

Parent/Legal Guardian Signature:

Date: /

/20

By signing my name, I, the parent of the applicant, understand the importance of community engagement and youth education, and therefore agree to attend two (2) CAFÉ meetings and the Saúl Gallegos Annual Gala Dinner if my student is awarded the scholarship.

How did you originally learn about this scholarship? (Please check one)

|] Family Me | ıber | | |
|--------------|----------|---|---|
|] Friend | | | |
|] Career Cen | er | | |
|] Counselor | Name: | |) |
| Teacher | Name: | |) |
|] Other | Specify: |) | |