

# CAFÉ's

## Saúl Gallegos Scholarship

**POSTMARK DEADLINE: March 31<sup>st</sup>**  
**\$750 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:

- 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 \$750 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):

- |  |           |   |           |
|--|-----------|---|-----------|
| • Financial Need                               | 15 Points | • Demonstrated extra-curricular and school related experience | 5 Points  |
| • Academic Performance                         | 15 Points | • Community Service   | 15 Points |
| • Personal essay and Letters of Recommendation | 15 Points |   |           |



**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 all blanks. If no income received write zero.**

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>.

Previous Fiscal Year Annual \*Family Income:

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/gross income, please explain:

\_\_\_\_\_

Parents are:  Married       Divorced       Separated

\*Social Security or Disability \$ \_\_\_\_\_

\*TANF or Public Assistance \$ \_\_\_\_\_

Approximate cost of college/university first year \$ \_\_\_\_\_

Financial help from parents for first year cost \$ \_\_\_\_\_

Financial help from other sources (first year cost) \$ \_\_\_\_\_

(i.e. federal scholarships/FAFSA/etc.)

Will you be applying for Federal Scholarships/FAFSA?       Yes       No

**Have you been gainfully employed while in school? If so, list employers:**

Name/Business	Address	Dates of employment MM/YY
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1. _____	_____	From: _____
(____) _____ - _____	_____	To: _____

2. _____	_____	From: _____
(____) _____ - _____	_____	To: _____

3. _____	_____	From: _____
(____) _____ - _____	_____	To: _____

**Applicant Name:** \_\_\_\_\_

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## COMMUNITY SERVICE AND LEADERSHIP

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**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 would be your plan for our diverse community to actively participate, communicate, and engage with each other?

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

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- 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 Member
- Friend
- Career Center
- Counselor (Name: \_\_\_\_\_)
- Teacher (Name: \_\_\_\_\_)
- Other (Specify: \_\_\_\_\_)