



Latino Professional Association
PO Box 1036
Yakima, WA 98907
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yakima.lpa@gmail.com
www.lpacw.org

Latino Professional Association 2019 Scholarship Application

*Please complete the following information and submit with scholarship package by **September 1, 2019**.*

First Name: _____ M.I. _____ Last Name: _____

Are you 17 years old or older: Yes No

Address: _____ City & State: _____ Zip Code: _____

Contact Number: _____ Email Address: _____

Name of College, University or Technical School: _____

Address: _____ Contact Number: _____

GPA: _____ Student ID#: _____ Major: _____

If awarded this scholarship, I am available to attend the 2019 New Year's Event: Yes No

Do you receive financial aid? Yes No If yes, what is the dollar amount/award? _____

Were you awarded any other scholarships? Yes No If yes, what is the dollar amount/award? _____

Are you employed? Yes No Please indicate net monthly income: _____

Name of Employer: _____ Contact Number: _____

Address: _____ City & State: _____ Zip Code: _____

Additional Information

Please list below any additional information you feel would be helpful in our consideration:

I hereby certify that all the information provided for this scholarship application package is accurate and true.

Signature: _____ Date: _____

Please mail completed application and supporting documentation to: Latino Professional Association, Attn: Scholarship Committee, P.O. Box 1036, Yakima, WA 98907 *OR* you can email it to, yakima.lpa@gmail.com.