



# 2019 Scholarship

Applicant Name:	
Address:	
Phone:	Cell:
School/College/University:	
Degree/Program:	
Year of enrollment:	Year of graduation:
The Latino Educational Fund Scholarship seeks to advance our mission: To provide Latino(a)s with the resources necessary to obtain access to higher education and financial knowledge to strive for a better life for themselves and their communities.	
<b>ELIGIBILITY REQUIREMENT</b>	
Scholarship Eligibility Requirements: <b>All requirements must be meet.</b>	
<input type="checkbox"/> I am a resident of County of Los Angeles	<input type="checkbox"/> I am a U.S. Citizen or legal permanent resident
<input type="checkbox"/> I have a current GPA of 3.0 or higher	<input type="checkbox"/> I will be enrolled during the 2018-2019 academic year
<b>OPTIONAL INFORMATION</b>	
Please indicate if you are a US Veteran <input type="checkbox"/>	
Branch:	Date of Honorable Discharge:
Personal Narrative ( <b>two pages maximum/approximately 650 words</b> ) – Please include <b>ALL</b> of the following three statements in your response	
<ul style="list-style-type: none"> <li>• Describe an event/experience in your life that inspired you to pursue your intended career? <b>AND</b></li> <li>• How are your extracurricular activities helping equip and prepare you for this career? <b>AND</b></li> <li>• How do you believe you can contribute to the fulfillment of LEF’s mission through your career?</li> </ul>	
Each applicant must submit <b>one letter of recommendation</b> . One from a teacher/professor or a community organization or business. The letter should be on organization letterhead, be a maximum of two pages each, and address the following:	
<ul style="list-style-type: none"> <li>○ How the Reference knows the applicant</li> <li>○ Length of time acquainted with applicant</li> <li>○ Examples that elaborate on the applicant’s commitment to business and serving the community</li> </ul>	
<b>APPLICANT CONFIRMATION</b>	
<input type="checkbox"/> I confirm that I meet all the requirements for a LEF scholarship <input type="checkbox"/> In submitting my application, I agree to release my records to LEF (if requested) <input type="checkbox"/> I hereby authorize release of information contained in this application, my academic transcripts (if requested) and any additional information to LEF	
Applicant Signature:	
DATE:	