ULSA Scholarship Application

All applications, essays, and related documents are due to the United Latino Students Association for review by May 20, 2017 Please type or print legibly and use black or blue ink Illegible applications will not be considered

| Name: | | | |
|--|----------------------|---------------------------------|--------------------------|
| (Last) | | (First) | (MI) |
| Address: | | | |
| (Street) | (City) | (State) | (Zip Code) |
| Email: | | - | |
| Phone: | | | |
| (Home) | | (Cell) | |
| Date of Birth: | | | |
| Grade Point Average (GPA |) | | |
| INTE | | PLICATION STATEMENT | |
| My signature below | constitutes my af | firmation that: | |
| All of the information | n in this applicatio | on is true and correct to the b | best of my knowledge. |
| The essay is my own documented). | n original work (w | ith the exception of those por | tions which are properly |
| If selected to be a re | cipient of the Sch | olarship, I agree to participat | e in a ULSA video/photo |
| | | | |

opportunity which will be used to help publicize the availability and value of the scholarship opportunity at the ULSA Gala on May 27, 2017.

| Applicant's Signature: | Date: |
|------------------------|-------|
|------------------------|-------|