



2017 Asociación Amigos de Colombia Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

(Please note: If awarded scholarship, checks will be mailed directly to educational institution upon verification of student's registration for 2017-2018 academic year. Money will be not be used for prior academic terms.)

APPLICANT (Please print)		
Last Name:	First Name:	Middle Initial:
Current Mailing Address: (include zip code)		
Address:		Apartment #:
City:	State:	Zip Code:
Telephone:	Email address:	
Date of Birth: Month/Day/Year	Gender: <input type="radio"/> Female <input type="radio"/> Male	Are you the first in your family to attend college: <input type="radio"/> Yes <input type="radio"/> No
Type of Scholarship Applying For: <input type="radio"/> Founders Scholarship <input type="radio"/> Adult Scholarship <input type="radio"/> Amigos Scholarship		
Applicant Nationality: <input type="radio"/> Colombian <input type="radio"/> Other - please specify: _____		
Parents Nationality: Mother: <input type="radio"/> Colombian <input type="radio"/> Other-specify: _____ Father: <input type="radio"/> Colombian <input type="radio"/> Other-specify: _____		
How did you hear about the AAC Scholarship Program?		
<input type="radio"/> School Department	<input type="radio"/> Teacher	Other – please specify: _____
<input type="radio"/> Website	<input type="radio"/> Newspaper	
<input type="radio"/> Facebook	<input type="radio"/> Friend	
HIGH SCHOOL DATA (info requested for Founders and Amigos Scholarships)		
School Name:	HS Graduation Date: Month _____ Year _____	
City:	Cumulative GPA (last two years HS): _____	
POSTSECONDARY SCHOOL DATA (note: checks mailed to educational institution upon verification of student's registration)		
Name of school or program you plan to attend. (if unknown, please list in order of preference the schools to which you have applied) Use official school names. Do not use abbreviations.		
OPTION 1		
Name: _____		
Type of School: <input type="radio"/> 2 year Community <input type="radio"/> 4 year College/University <input type="radio"/> Vocational/Technical School <input type="radio"/> Other, explain _____		
Degree sought: _____		
Major or course of study: _____ Expected graduation date: Month _____ Year _____		
OPTION 2		
Name: _____		
Type of School: <input type="radio"/> 2 year Community <input type="radio"/> 4 year College/University <input type="radio"/> Vocational/Technical School <input type="radio"/> Other, explain _____		
Degree sought: _____		
Major or course of study: _____ Expected graduation date: Month _____ Year _____		
OPTION 3		
Name: _____		
Type of School: <input type="radio"/> 2 year Community <input type="radio"/> 4 year College/University <input type="radio"/> Vocational/Technical School <input type="radio"/> Other, explain _____		
Degree sought: _____		
Major or course of study: _____ Expected graduation date: Month _____ Year _____		
APPLICANT CERTIFICATION		
I certify that all of the information included in this application is true and correct Applicant's Signature: _____		Date: _____

Note to applicant: Please note that in order to be considered for any scholarship, you must complete this application and submit it with all other scholarship materials required. For more information, please visit our website at www.asociacionamigosdecolombia.org.



2017 Asociación Amigos de Colombia Scholarship Statement of Financial Status

1. Name: _____

2. Marital Status: Single Married Divorced

3. Number of dependents: _____

4. Annual household income: _____

5. Highest level of parents' education (this question is only for high school seniors):

Less than high school H.S. degree Some college College degree

Professional/post-graduate degree

6. Please briefly summarize your anticipated expenses for the 2017 - 2018 school year:

7. Please state what other scholarship awards you have received or have applied to:

8. Unusual circumstances - please describe any unusual circumstances that you feel we should consider with respect to your financial status

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Scholarship Recommendation Form

Student Applicant Name: _____

Recommender's Name and Title: _____

Recommender's Address: _____

Recommender's Phone: _____ E-mail: _____

How long have you know student: _____ What is your relationship to student: _____

Using a scale of 1-5 (with "1" being "poor", "3" being "average", and "5" being "excellent"), please rate the applicant on the following characteristics:

	Excellent		Average		Poor
Academic Performance	5	4	3	2	1
Classroom Participation	5	4	3	2	1
Work Ethic	5	4	3	2	1
Involvement in Activities	5	4	3	2	1
Community Service	5	4	3	2	1

Please provide any other relevant information or assessment you have about the student applicant and why he/she is deserving of a scholarship from Asociacion Amigos de Colombia (use separate paper if necessary)

Please circle the option that best reflects your recommendation of this student applicant:

Highly Recommend

Recommend

Do Not Recommend

Recommender's Signature

Date

Please return this form in a sealed envelope to:

AAC - Scholarship Committee
Attn: Patricia Escobar
Asociacion Amigos de Colombia
PO Box 781656
San Antonio, TX 78278-1656