



CHAVEZ FAMILY VISION, CESAR E. CHAVEZ SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

**Application must be
post marked by
Friday, February 8,
2019**

**Mail to: Chavez
Family Vision, Inc.
P.O. Box 23308, San
Jose, CA 95153**

**Questions:
408-518-2565**

Application Guidelines

The purpose of the Chavez Family Vision Inc. is to establish a program of financial assistance to qualified students in the following school districts: East Side Union High School District, San Jose Unified School District, Morgan Hill Unified School District, Gilroy Unified School District, San Benito High School District, and Aromas-San Juan Unified School District.

Application Requirements

All Applicants Must:

- Graduate this academic year from a high school located in the previously addressed school districts.
- Enroll or plan to enroll by this coming Fall Semester/Quarter in a Western Associations of Schools and Colleges (WASC) accredited community college or university leading to an Associate or Bachelor's degree.
- Graduate with a minimum Grade Point Average (GPA) of 2.5.

Submit the Following Items:

- Wallet Size Senior Picture (or recent picture)
- Completed Scholarship Application that includes your autobiographical essay
- Official copy of high school transcripts that includes first semester Senior grades
- Submit a copy of parent's most recent Federal Income Tax forms 1040 (page 1) or Student Aid Application for California (SAAC).

Selection Criteria

All applicants will be considered for their:

- Academic Achievement
- Autobiographical Essay which includes:
 - Information about you and your family
 - School and Extra-curricular (Community) Activities
 - Career Goals and Aspirations
 - Explanation of how Cesar E. Chavez's struggles and core values affected or influenced your life
- Financial Needs
- Priority will be given to farm worker families.

If selected, you will be required to appear for a fifteen-minute interview. You will be notified via email correspondence or postal mail of the time and place.

Awards will be presented at the annual Cesar E. Chavez Breakfast on Friday, March 29, 2019. Please plan to attend and prepare a short two-minute speech if you are selected as a scholarship recipient.



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Date Received _____

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Please print clearly

Section I - Student Information

Name _____ SSN _____

Street Address _____

City/State/Zip _____

Phone _____ Birth date _____

E-mail Address _____

High school _____ GPA _____

*Applicants must attach an official copy of the student's most recent high school transcript to include first semester senior grades. Contact CFV immediately if this cannot be obtained by the due date.

Section II - College Information

I plan to attend _____
(Name of College)

Major _____

STEM Related: _____ Accepted: Yes No Pending

Section III - Parent/Family Information

Father or Legal Guardian _____

Street Address _____

City/State/Zip _____

Occupation or Job Title _____

Employer's Name _____

Mother or Legal Guardian _____

Street Address _____

City/State/Zip _____



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CESAR E. CHAVEZ SCHOLARSHIP FUND
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Occupation or Job Title _____

Employer's Name _____

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Section III – Parent/Family Information continued

Information for all children and other dependents that is included in parents' household:

Name	Age	Name of School	Full/Part Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section IV – Autobiographical Data Information

You are to write an autobiographical essay in which you describe yourself and your family. Additionally, include information regarding your interests in school, extra-curricular activities (such as student government, sports, community involvement, hobbies, work experience, etc.), career goals, and ambitions. Please also express how Cesar E. Chavez's struggles and core values influenced or affected your life.

*Your essay must be at least one (1) but no more than two (2) typewritten pages.

*Your essay will be evaluated on content, clarity, grammar, and appearance.

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I, the undersigned, certify that this information is accurate and may be verified by a representative of the Cesar E. Chavez Scholarship Fund. Should I be granted a scholarship award, I authorize release of information described in Section I and Section V.

Student Signature _____

Date _____