

Application must be post marked by Friday, May 21 Mail to: Chavez Family Vision, Inc. P.O. Box 23308, San Jose, CA 95153 Questions: 408-518-2565

# CHAVEZ FAMILY VISION, CESAR E. CHAVEZ SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

### **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 via Zoom. You will be notified via email correspondence or postal mail of the time and place.

Awards will be presented in June.

Date Received



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#### Please print clearly

## Section I – Student Information

	Name	SSN
Application must be post marked by Friday, May 21	Street Address	
Mail to: Chavez	City/State/Zip	
Family Vision, Inc. P.O. Box 23308, San Jose, CA 95153	Phone	Birth date
Questions: 408-518-2565	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 have applied to		_	
	(Name of Colleges	s)	
Major			
STEM Related:	Accepted: $\Box$ Yes	□ No	□ Pending
Section III – Parent/	'Family Information	on	
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			
Occupation or Job Title			
Employer's Name			



Application must be

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## Section III – Parent/Family Information continued

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

post marked by Friday, May 21	Name	Age	Name of School	Full/Part Time
Mail to: Chavez Family Vision, Inc. P.O. Box 23308, San				
Jose, CA 95153 Questions: 408-518-2565				

## 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.

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