

EMERALDWAVEMEDIA



JOVENES AL EXITO SCHOLARSHIP PACKAGE 2019-2020

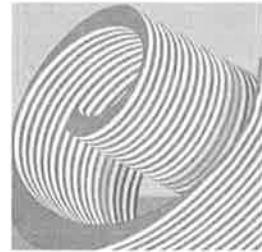
Applicable to:

Santa Maria High School
Righetti High School
Pioneer Valley High School
Nipomo High School
Delta High School
Orcutt Academy High School
Allan Hancock College
Family Partnership Charter School

620 West Main St.
Santa Maria, Ca 93458
P# (805) 922-7725 F# (805)922-7726
www.santabarbarafamilydentistry.com

718 East Chapel St.
Santa Maria, Ca 93458
P# (805) 928-4334 F# (805) 349-2765
www.labuena.fm

JOVENES AL EXITO 2020



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Dear Applicant,

Santa Barbara Family Dentistry and Emerald Wave Media make every effort to award financial aid when circumstances require it. "Jovenes al Exito" scholarship is dedicated to students with financial needs. Each application is reviewed in confidence and award decisions are made based on the information provided in the application.

AWARD

Students attending a two-year college or a four year university will receive one check for \$500.00 (Five hundred dollars). This is to be applied to tuition and/or books.

NOTE: Students must present proof of **FULL-TIME** enrollment when picking up the check.

INSTRUCTIONS

- ✓ Applications will be **accepted** beginning **Friday November 1, 2020**.
- ✓ **DEADLINE** for applications is **Wednesday April 1, 2020**.
- ✓ Provide all supporting documents. Incomplete applications will not be considered.
- ✓ Type or print legibly; if awarded, you will be notified by **Monday April 22, 2020**.
- ✓ If you have any questions, please contact your school counselor, email Santa Barbara Family Dentistry at publicrelations.sbfd@gmail.com or call La Buena at (805) 928-4334.

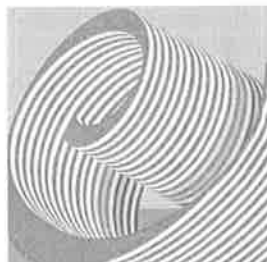
GRADUATING HIGH SCHOOL STUDENTS

- ✓ Be a graduating high school senior.
- ✓ Be of Hispanic or Latino background.
- ✓ Demonstrate financial need.
- ✓ Enroll full time for the first time at a California community college or university fall of 2020.

CURRENT ALLAN HANCOCK COLLEGE EOPS/CARE/CAFYES & Cal WORKs STUDENTS

- ✓ Be enrolled **FULL-TIME** fall of 2020.
- ✓ Be of Hispanic or Latino background.

JOVENES AL EXITO 2020



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Student Information		(Current AHC Students) H#:
First Name:	Last Name:	
Home address:		
City:	State:	Zip:
Birth date (mm/dd/yyyy):	School Currently Attending:	
Email:	GPA:	
Home Phone:	Cell Phone:	
School attending in the fall of 2020:		
Major:	Ethnicity:	

Parent's Information:	
Mother's Full Name:	Occupation:
Father's Full Name:	Occupation:
No. of Children living in your household:	
Mother's Annual Income:	
Father's Annual Income:	
Student's Annual Income:	Occupation:
Explain any significant income changes in the past year:	

Disclaimer and Signature

I hereby affirm that all of the above stated information is true and correct to the best of my knowledge. I also hereby affirm I am of Hispanic/Latino origin. I hereby understand that if my application is chosen, according to Jovenes al Exito policy, I must provide evidence of full-time enrollment before funds can be dispersed.

Signature of applicant: _____ Date: _____

The following items must be attached to this application in order for the application to be reviewed by the scholarship committee:

1. One letter of recommendation (use form provided) from applicant's choice of high school teachers, college professors, administrators, counselors or employers. (No attachments and cannot be a family member.)
2. Personal essay: Identify major achievements in your life, any community/school involvement, personal background, career and educational goals and other information you feel is necessary. (2 typed pages maximum)
3. Original signed scholarship application.

Please turn in application to your school counselor, or drop it off at:

**Santa Barbara Family Dentistry
620 West Main St.
Santa Maria, Ca 93458
(805) 922-7725**

Or

**Emerald Wave Media
718 East Chapel St.
Santa Maria, Ca 93458
(805) 928-4334**

JOVENES AL EXITO 2020

Letter of Recommendation

(Use this form, no attachments will be accepted, cannot be a family member)

Applicant's Name (Last, First)

Date

1. How long have you known the applicant? _____ Years _____ Month(s)

2. Under what circumstances? _____

3. Based on your knowledge of the applicant check how you rate the following:

	Outstanding	Above Average	Average	Needs Improvement	Unable to Evaluate
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance & Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility & Conscientiousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to Succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you aware of any obstacles or financial hardships the student has had to overcome?

Signature: _____ Date: _____

Print Name: _____ Title: _____