

# Gilbert & Helen Gallardo Memorial Scholarship



## Requirements include:

1. **Grade point average 2.5 and above**
2. **Must be 50% Latino/Hispanic**
3. **College acceptance letter included**
4. 1 page essay "The top 5 things that mean the most to me"
5. Adrian High School application requirements

# Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

NAME OF SCHOLARSHIP: \_\_\_\_\_

Be sure to submit all necessary documentation listed below. Incomplete applications will not be considered. Submit a SEPARATE common application and documentation for EACH SCHOLARSHIP.

Applicant's Name: \_\_\_\_\_

Parent Names \_\_\_\_\_

Parent Employer(s) \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Student cell phone \_\_\_\_\_

Planned course of study \_\_\_\_\_

Are there additional sources of financial support anticipated to fund your college education? YES NO

If yes, list: \_\_\_\_\_

Have you completed the FAFSA? YES NO

**Attach to this application a copy of the following in the order listed: (DO NOT STAPLE)**

- Current High School Grade Transcript
- College Acceptance Letter
- Activities resume (including awards, volunteer, school and work activities, and community service)
- 2 Letters of recommendation from faculty, administration or a responsible community person (not related to the applicant), unless a different request is stated for a specific scholarship. **Review each scholarship for “specific requirements”.**
- Brief written essay explaining “The top 5 things that mean the most to me.”

Return Completed Application and Additional Material (if required) to the Counseling Center by **Friday, April 14, 2023 at 3pm**. I authorize the release of my high school grades, test scores, and other pertinent information in my high school file to the Selection Committee.

*I understand that this scholarship, if granted to me, is for pursuing the course of study at the college/university stated in the application. If for any reason my plans change before beginning my freshman year, I will inform the Scholarship Committee/AHS Business Office by letter. At that time the Scholarship Committee/AHS Business Office will have the right to reevaluate my application and revoke my scholarship.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

