



## 2016-2017 College Scholarship Program

Ric Gonzalez Memorial Scholarship Fund  
1670 East Highwood, Pontiac, MI 48340

### APPLICATION INSTRUCTIONS

#### Calendar

April 1, 2015	Applications will be available
September 18, 2015	Applications Deadline
September 21st through October 5, 2015	Application Processing
October 9, 2015	Award Notifications
November 7, 2015	Scholarship Ceremony at Fund Raising Event in Lake Orion

#### Eligibility Requirements

To be eligible for a scholarship you must:

- Be of **Hispanic heritage** – persons descended from Central America, Cuban, Dominican, Mexican, Puerto Rican, South American, or other Spanish cultures.
- Be a high school senior graduating in 2015
- Be a **U.S. citizen or legal permanent resident** of the United States with a valid Social Security Number. All legal permanent residents must submit a copy of their valid resident card or passport stamped I-551 (not expired). If “**other**” is checked on the application, please provide supporting detail.
- Have a minimum weighted cumulative grade point average (GPA) of **2.50** on a 4.00 scale.

#### Selection Criteria

Applicants are evaluated on the following criteria:

- Academic record
- Strength of Application Essays
- Community service
- Personal qualities

## **Application Preparation**

### **PLEASE SUBMIT TWO (2) SETS OF THE FOLLOWING DOCUMENTS:**

- 1. Application (including essay response) (4 pages plus essays)** - Use a computer or a typewriter to complete your form. The minimum character size for all responses is 11-point. We strongly encourage you to type your application as it makes it easy for our selection committee to read; however, if you do not have access to a computer, you may neatly print the application in blue or black ink. **Applications that are illegible will be disqualified.** Check your essays for correct grammar, spelling, and punctuation.

Use the official application form or a photocopy of the form. Answer all questions. Confine your responses to the space provided.

#### **Community Service/Volunteer Activities Section:**

Only list one activity per line. If the information you wish to list exceeds the allotted space, select those activities of longest duration or that are most meaningful to you. Please do not attach an extra sheet. If you have not been able to participate in any community service or volunteer activities, please use the space to explain why.

- 2. Transcript(s)** - Provide an **official transcript** from your current high school (unofficial transcript, process reports, or report cards will not be accepted). Transcripts should include your cumulative, weighted GPA.
- 3. Recommender Form-** This form must be completed by an instructor or advisor. It may not be completed by a relative. Provide the Recommendation Form to the person who will complete it. Allow your recommender at least one week to complete the form. The Recommendation Form must be confidential. Ask your recommender to return the Recommendation Form, and a photocopy, to you in a sealed envelope with his or her signature written across the seal. Submit the sealed recommendation with your application.

You should pick a recommender who can address the following items:

- Academic record, plans, and goals
- Personal strengths: including motivation, leadership, and commitment
- Community service and extracurricular activities

### **PLEASE SUBMIT ONE (1) SET OF THE FOLLOWING DOCUMENTS:**

- 4. GPA Certification Form** – This form must be signed by your counselor or other school official, verifying your **weighted** GPA on a 4.00 scales. If your school does not use a 4.00 scale, please ask your counselor to convert your GPA to a 4.00 scale. Submit the signed form with your application materials.  
**Home schooled and GED students, in lieu of the GPA Certification Form, must submit a copy of official results from either the SAT I or ACT test.**

**All selection decisions are final and are not subject to appeal. Applications and supporting documents become the sole property of RGMF and cannot be returned.**



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### APPLICATION

Postmark Deadline: September 18, 2015

#### Personal Information

Last 4 digits of Social Security Number \_\_\_\_\_ Gender ☐ Female ☐ Male

Name \_\_\_\_\_  
Last First Middle Initial

**Parent Address (where you receive mail)**  
**All RGMF Correspondence will be mailed to this address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Primary e-mail\* \_\_\_\_\_ Alternate e-mail \_\_\_\_\_

\*Carefully type or print your current, complete e-mail address, as we also will be communicating with you via e-mail.

Date of birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of birth \_\_\_\_\_

Residency status:

☐ **U.S. Citizen** ☐ **Legal Permanent Resident - You MUST** ☐ **Other** \_\_\_\_\_  
enclose a copy of your permanent resident card  
or passport stamped 1-551 (not expired). \_\_\_\_\_

Hispanic heritage (select **one** category that most closely characterizes your heritage):

☐ Cuban ☐ Dominican ☐ Puerto Rican ☐ Mexican ☐ Spanish

☐ Central American; please specify country of ancestry \_\_\_\_\_

☐ South American; please specify country of ancestry \_\_\_\_\_

How did you hear about RGMF's scholarship program? \_\_\_\_\_

FOR INTERNAL USE ONLY: GPA \_\_\_\_\_ EFC \_\_\_\_\_ FN \_\_\_\_\_ Initials \_\_\_\_\_

## **2016-2017 Academic Year Information**

Type of institution you plan to attend:

☐ Four-Year College or University

☐ Community College

Institution where you plan to enroll for the 2016-2017 academic year (if undecided, list top choice)

Institution Name (do not abbreviate) \_\_\_\_\_

Campus you will attend \_\_\_\_\_ City & State \_\_\_\_\_

Expected Major \_\_\_\_\_ Expected degree ☐ Bachelor's ☐ Associate's

Desired Career \_\_\_\_\_ Professional field of interest \_\_\_\_\_

Are you interested in internship opportunities: ☐ Yes ☐ No

If yes, what fields interest you? \_\_\_\_\_

## **Family Information**

Did either of your parents ever attend college: ☐ Yes ☐ No

Do you have any dependents? ☐ Yes ☐ No

## **Community Service/Volunteer Activities/Employment**

List service activities in which you have participated as a volunteer since January 1, 2012, beginning with the most recent. If none, please use the space provided to explain why you've been unable to perform community services

<b>Activity/Organization</b> (Avoid abbreviating organization names.)	<b>Your Role/Position(s) Held</b>	<b>From</b> (mm/yy)	<b>To</b> (mm/yy)	<b>Hours per</b> <b>Week</b>
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Do you work during the academic year? ☐ Yes ☐ No If yes, how many hours per week? \_\_\_\_\_

**Essays (Complete all essays. Each essay should be 600 words or fewer. Any text over 600 words will not be read. You may type these on separate pages and include them with your application)**

1. Describe how your Hispanic heritage, family upbringing, and/or any role models have influenced your academic and personal long-term goals.
2. Describe how you contribute to your community (for example: school, family, church, volunteer work, etc.) and what you have learned from your experiences.
3. Describe an academic challenge you have faced, and how you have overcome it.

*Please provide all essay answers typewritten on separate sheets of 8 1/2 x 11 basic white paper.*

**Required Certification and Release (Applicant must read and sign below to be eligible)**

**Applicant Certification and Release of Information**

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified in this application and the accompanying instructions.
- I understand that I may only receive one scholarship administered by RGMF per academic year. I understand that application materials become the property of RGMF and will not be returned.
- I hereby authorize RGMF to share or publish my GPA and application for the purpose of evaluation, recruitment, public relations, possible employment, or any other related activity.
- I understand that I must notify RGMF of any change in my enrollment status or contact information. I also understand that a change in my enrollment status may result in the pro-ration or cancellation of any award.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Checklist**

Mail your application package by the **September 18, 2015**, postmark deadline to:

College Scholarship Program  
Ric Gonzalez Memorial Fund  
1670 East Highwood  
Pontiac, MI 48340

Enclose all of the following items in your application package. Incomplete applications will not be reviewed. Please **remove all staples** from application materials.

**TWO sets of:**

- ☐ **Application** - pages 1-4, fully completed, legible, and **signed** (with essays)
- ☐ **Transcript(s)** - See *Application Instructions* for details.
- ☐ **Recommender Form** - in a sealed envelope with the recommender's signature written across the seal

**ONE set of:**

- ☐ **GPA Certification Form** - both student's and counselor's sections fully completed
- ☐ If you are not a U.S. citizen: A copy of your **permanent resident card or passport** stamped 1-551 (not expired) is required.



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## RECOMMENDER FORM

(Provide this form to your recommender)

### Instructions to Applicant

**Complete Part 1 of this form, and then give it to your recommender.** Ask your recommender to seal **two (2)** sets of your recommendation. When your recommender returns the forms to you, leave it sealed. Place it with the other documents in the application packet, and mail it to the Ric Gonzalez Memorial Scholarship Fund: Attention: High School Scholarship Program. Allow your recommender at least one week to complete this form. Submit the sealed recommender form with your application by the September 18, 2015 postmark deadline.

### Part 1: Applicant Information (Please print or type)

Name \_\_\_\_\_  
Last First Middle Initial

Last 4 digits of Social Security Number \_\_\_\_\_ Scholarship Program applied to: \_\_\_\_\_

### Instructions to Recommender

**Please complete Parts 2 and 3 of this form below and return it signed, with a photocopy, to the student in a sealed envelope with your signature written across the seal. All application materials must be submitted by the student by the September 18, 2015, postmark deadline.** RGMF appreciates and thanks you for your assistance. For further information, please contact Jackie DeLaRosa at (248) 548-6010, fax (248) 548-3160, e-mail: [jdelarosa@ricgonzalezmemorialfoundation.com](mailto:jdelarosa@ricgonzalezmemorialfoundation.com).

### Part 2: Recommender Information (Please print or type)

Name \_\_\_\_\_

Professional Title \_\_\_\_\_

Institution/Company \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

### Part 3: Evaluation (Please print or type)

**To the Recommender:** The person named above is applying to our scholarship program. This evaluation is a critical component in our decision. For each category we ask that you: a) describe specific instances of the abilities, skills and attributes you cite & b) include any limitations as well as strengths.

How long have you known the applicant? ☐ Less than 1 year ☐ 1 year or more

How well do you know the applicant? ☐ Casually ☐ Fairly well ☐ Very well

### Part 3: Evaluation (continued)

(PLEASE MARK ONE)

Please rate the applicant on the following attributes:  
(providing supportive evidence in the spaces indicated)

	Below Average	Average	Above Average	Extraordinary	Not able to Comment
Curriculum Rigor & Academic Habits ( <i>challenges him/herself, manages time well, utilizes academic support networks</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive Evidence:</b>					
Leadership ( <i>ability to lead &amp; motivate others</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive Evidence:</b>					
Motivation & Long-term Goal Setting ( <i>sets realistic goals &amp; develops strategies for completing those goals</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive Evidence:</b>					
Self-Awareness/Self Concept ( <i>understanding of personal strengths &amp; weaknesses</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive Evidence:</b>					
Community Involvement & Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supportive Evidence:</b>					

### Overall Impression (Please print or type)

**To the Recommender:** If you were making the decision to award this applicant, which of the following would it be?

- ☐ **Seek Out:** Will be a truly outstanding student & later professional
- ☐ **Definitely accept:** Will complete his/her college degree at a superior level
- ☐ **Accept:** Should complete his/her college degree at a satisfactory level
- ☐ **Accept, with reservation:** Concerned about ability or motivation (Be sure to explain why in your narrative comments)

Please comment on anything else that makes this applicant special that has not been revealed thus far on this form.

**Comments:**

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_





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## GPA CERTIFICATION

(Provide this form to your high school counselor)

### To Be Completed by the Student

**This form is required.** This form must be signed by your counselor or other school official, verifying your **weighted** GPA on a 4.00 scale. If your school does not use a 4.00 scale, please ask your counselor to convert your GPA to a 4.00 scale. Submit the signed form with your application materials. **Home schooled students, in lieu of the GPA Certification Form, must submit a copy of official results from either the SAT I or ACT Test.** Please complete the information below and sign and date the release of information section. Ask your high school counselor to complete the remainder of the form and **return it to you** to include with your application.

Applicant's Full Name \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

High School Name \_\_\_\_\_

High School City, State \_\_\_\_\_

### Release of Information

I grant permission to release all information regarding GPA Certification or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the Ric Gonzalez Memorial Scholarship Fund. I also authorize the scholarship grantors to share this information for the purposes of recruitment, public relations, possible employment, or any other related activity.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by your High School Counselor

Please complete the enrollment certification below. Return the form to the student so they may include it with their application.

### GPA Certification

High School CEEB Code: \_\_\_\_\_ School District: \_\_\_\_\_

- I certify that the above named student has a cumulative **weighted** GPA on a **4.00** scale of \_\_\_\_\_,  
(If grading scale is different than 4.00, please do your best to **convert** student's cumulative GPA to a 4.00 scale)

Signature and Seal of Authorized Official \_\_\_\_\_

School Official's Title and School Stamp \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_