



2025 College Scholarship Awards Program

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

APPLICATION INSTRUCTIONS

Important Dates

Application Deadline: November 15th

Application Processing: November 16th – December 1st

Award Notifications: December 15th

Eligibility Requirements

To be eligible for a scholarship each applicant must:

- Be of **Hispanic heritage** – persons descended from Central America, Cuban, Dominican, Mexican, Puerto Rican, South American, or other Spanish cultures.
- Be Currently enrolled as a high school senior, graduating in 2026
- 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:

- Community service and drive to give back
- Personal qualities that exemplify the essence of the foundation
- Academic record and personal growth
- Strength and Creativity of Application Essays

Application Preparation

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

1. **Application (including essay response) (4 pages plus essays)** – Application must be typed using the fillable pdf form. This can be downloaded from the RGMF website (www.rgmf.net); however, if you do not have access to a computer, you may complete the application in blue or black ink. **Applications that are illegible will be disqualified.** Please use the official application form or a photocopy of the form. Answer all questions (minimum 250 words). If completing your essays on a computer, please use 11 or 12-point font. Make sure to check your writing for correct grammar, spelling, and punctuation.
2. **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.
3. **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.
4. **Recommendation Form**- This form must be provided to a high school instructor or advisor*. Please ask that the completed Recommendation Form be returned to you in a sealed envelope and include the **sealed recommendation** with your completed application. **Please allow your recommender at least one week to complete the form.**

Choose a recommender who can address your character including the following items:

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

***Recommendations cannot be from a relative of the applicant**

5. **GPA Certification Form** – This form must be signed by your counselor or other school official, verifying your **weighted** GPA on the standard 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.

Homeschooled 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, unless otherwise agreed upon, will not be returned.



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APPLICATION

Postmark Deadline: November 15th

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 ☐ Other _____

You **MUST** 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? _____

2025/2026 Academic Year Information

Type of institution you plan to attend:	
<input type="checkbox"/> Four-year College or University	<input type="checkbox"/> Community College
Institution where you plan to enroll for the 2019-2020 academic year (if undecided, list top choice)	
Institution Name (do not abbreviate) _____	
Campus you will attend _____	City & State _____
Expected Major _____	Expected degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
Desired Career _____	
Professional field of interest _____	
Are you interested in internship opportunities: <input type="checkbox"/> Yes <input type="checkbox"/> 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, listing most recent first. If none, please use the space provided to explain why you've been unable to perform community services.

Activity/Organization (Avoid abbreviating organization names.)	Your Role/Position(s) Held	From (mm/yy)	To (mm/yy)	Hours per Week

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 a 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 November 15th, 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.

- ☐ **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
- ☐ **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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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 _____

E-Mail Address: _____



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Recommendation 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 November 15th 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 postmark deadline. RGMF appreciates and thanks you for your assistance. For further information, please contact:

Carol Finn at (248) 548-6010
E-mail: RGMF@Gonzalez-Group.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 rate the applicant on the following attributes: (providing supportive evidence in the spaces indicated)	(PLEASE MARK ONE)				
	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"/>
Supportive Evidence:					
Leadership (<i>ability to lead & motivate others</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					
Motivation & Long-term Goal Setting (<i>sets realistic goals & develops strategies for completing those goals</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					
Self-Awareness/Self Concept (<i>understanding of personal strengths & weaknesses</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					
Community Involvement & Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					

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 _____

Phone _____