



EL VALLE COMMUNITY CENTER
 PO Box 61 Villanueva, New Mexico 87583 Telephone 1-575-421-0808
BARBARA HALL SCHOLARSHIP APPLICATION

Active School Term August, 2019 to May 2020

DUE DATE: April 10 2020 (Print Legibly) (Cd/Emedia/FOBs/USBs are non returnable)

Student Full Name: _____

Telephone/Cell: _____

Address: _____

Email Address: _____

SS# _____ - _____ - _____ Gender M/F _____ Date of Birth: ____/____/____

Phone Number: (____) _____ - _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone number: _____

Phone Number: _____

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SCHOOL INFORMATION

High School graduating from/GED Proposed graduation date: _____

Address: _____

Phone: _____

Will you graduate with a: ____ Diploma ____ GED

Name/Address of College to be attending: _____

(Must provide current and active status in educational institution/college enrollment)

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Separate Documentation Needed to be required for eligibility: * High School/GED transcripts * Past School Experience: (Typewritten in MS Doc) Describe your school experience, including your participation in clubs/organizations, extra-curricular activities, interpersonal relationship with your peers, principal, counselor, and/or teachers include in your description post secondary plans and field of study including 2/4 year program(s) (include other scholarship(s) to be received, scholarship amount, financial aid source) * 3 x 5 photo for the El Valle Community Center Website *Request two letters of Recommendation: preferably high school principal / counselor **and** teacher/employer for GED students 2 individual(S) who is/was inspiring in your life *Volunteer Participation @ EVCC(proof of *at least 15 volunteer hours* done with in the school term, as indicated above) **(REQUIRED due with application)**). Community Service hours as approved by a EVCC department head (Library, Resource, Tiendita, YFTM) **Letter of active status in school (college) last semester and next semester. Distribution will be for media purposes.**

(√) all statements and attach all requested documentation

I, certify that I am an active student and data provided will be used for future grant opportunities and media purposes

MILITARY: I am in the military Branch of service: _____ Rank: _____ Non Applicable

I, _____, certify that all information provided in this application is true and correct. I understand that EVCC will commit a one-time \$_____ amount for full time study for one school term. I understand that any misinformation or misrepresentation provided on this application would be grounds for denial of my application.

I, _____, give El Valle Community Center Board and designated Scholarship Committee Board member permission to obtain active status, GPA information, and other educational information with the following school for verification purposes.

Name of Institution: _____
Educational Institution's Physical Address: _____
P.O. Box _____

Counselor or Student Services Phone Number: _____

Counselor or Student Services Email Address: _____

CLASSESS: Part of My classes are online based. All of my classes are online based

Signature/date of Applicant: _____

Parent/Guardian signature/date (if under 18 yrs old) _____

do not write below this line

To be completed by high counselor/Student Services:

Applicants GPA: _____

HIGH SCHOOL TRANSCRIPTS: Provide/Attach HS transcript) Class Rank _____ ACT Composite _____

Counselors signature, date, phone number, email _____

EVCC BOARD SECTION (BELOW)

Scholarship Committee Approval signature / date: _____

Scholarship Committee Approval signature / date: _____

VCC BoardApproval: Yes ___ No: ___