

ASSISTANCE LEAGUE OF SAN ANTONIO 2020 SCHOLARSHIP PROGRAM

In the spring of 2020, Assistance League of San Antonio and its auxiliary Bexar Hugs will present \$3000 scholarships to students at a college or university in Bexar County. The intent of these scholarships is to provide financial assistance to help students reach their educational goals. The award may be used for tuition, fees, and books and will be paid directly to the college or university each student attends.

To be eligible for a scholarship, the applicant must be enrolled as a full-time student (12 hours or more), entering his/her junior or senior year at a four-year college or university in Bexar County, Texas and provide proof of economic need.

Applications must include:

- completed Assistance League of San Antonio Scholarship Application that may be obtained
 from your school financial aid office or downloaded from the Assistance League of San Antonio
 website: www.assistanceleague.org/san-antonio. (Click heading PROGRAMS then click
 Scholarships.) The forms there may be printed.
- **Biographical letter** that is one, typed, single-spaced page and includes personal information you choose to share about your family background, financial needs, and educational goals.
- **Proof of enrollment or letter of acceptance** from a four-year college or university in Bexar County and dates of attendance.
- Minimum of three (3) letters of recommendation: two (2) from professors/administrators and one (1) from other school personnel or employers. Recommendations from family or personal friends will NOT be accepted.
- Official undergraduate transcript, including most recent semester completed.
- Copy of current tax return.

Information contained in this application remains confidential.

APPLICATIONS MUST BE POSTMARKED BY THURSDAY, APRIL 30, 2020

Please submit completed application packets to:

Assistance League of San Antonio Attention: Scholarship Chairman P.O. Box 13130 San Antonio, TX 78213

or digitally at

scholarships.alsa @gmail.com

Incomplete or late applications will not be considered.

Assistance League of San Antonio is a 501(c){3} non-profit organization



Assistance League of San Antonio Scholarship Application

Information provided and contained in this application is confidential and is used only for the purpose of scholarship selection

| Last Name | First | | Middle | pouse s Gross | | |
|--|-----------------|---------------------------|--------------------|------------------|--|--|
| San Antonio Address | | Zip Code_ | amily Assistans | | | |
| Phone# | - | Cell Phone# |) yantiH taanyai | omil etterilig | | |
| Email address | Al neq amort | Position | , 88 | lame pt Busine | | |
| Name of Parent/Guardian | | | | | | |
| Address of Parent/Guardian | | | | | | |
| Name of Spouse, if applicable | | | | | | |
| Names and Ages of your Dependents, | if applicable | | | | | |
| College in Bexar County you now atter | | | | | | |
| Class Level Next FallJunior | Senior | Major | | equired Fees \$ | | |
| What college will you be attending nex | t fall? | se and specify name | financial resourc | lease list other | | |
| Anticipated Graduation Date | | | | EGITE ISIOTO | | |
| List extracurricular activities in which you have participated the last two years. Include the hours spent for each. These activities should include volunteer work, community service, club membership, etc. Include offices held and awards/honors received: | | | | | | |
| AC | CTIVITY | E pribried | HOURS | DATE | | |
| or expenses that you anticipate during | circumstances o | schenii ybaşat leueun | nd explaint any un | leasa specify a | | |
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| Name of Applicant | t | | | | |
|--|---------------------|---------------------|-----------------------------------|--|--|
| FINANCIAL INFO | RMATION: | | | | |
| Who is responsible | e for financing yo | ur further educati | on? | A STATE OF THE STA | |
| Applicant's Gross Annual Income Spouse's Gross Annual Income Family Assistance | | \$ | anly for the purpose of so | | |
| | | \$ | | | |
| | | \$ | | | |
| Applicant's Emplo | yment History (B | egin with most red | cent): | | |
| Name of Business | | Position | Hours per Week | Dates Employed | |
| 1 | | | | | |
| 2 | | | ne | Address of Parent/Suardi | |
| 3 | | | etus | Vaine of Spouse, if applic | |
| How much money | will you need for | college next yea | r? Tuition \$ | Vaines and Ages of your l | |
| Required Fees \$ | | | Books and Supplies \$ | | |
| Please list other fi | nancial resources | s and specify nan | ne and amount of each: | | |
| Scholarships | | | Table Mari Maria | a opinovi inia obolino se ivi | |
| Grants | \$ | | (93) | Anticipated Gradueton Da | |
| | on any souppil es | the last two year | es in which you have participaled | | |
| Student Loans | \$ | munity service, c | oulo incidus volumest work, com | me estavada segar - ndes a lang bron escala mbal ud | |
| Trusts, educationa | al IRA's or other f | unding \$ | VEDETTO | | |
| the coming schola | astic year. | | cial circumstances or expenses | | |
| | | | | | |
| Certification and A | Authorization: | | | | |
| I declare that the i | information repor | ted is true, correc | ct, and complete. | | |
| Applicant's Signat | ure | | | | |
| Spouse's Signatur | re, if applicable | | | | |