ALAMO COLLEGES

SAN ANTONIO COLLEGE
Services for Women and Non-Traditional Students
Women's Center • Seguir Adelante • MI CASA Program

2014-2015 Tom Morton Sandoval LULAC Rey Feo PARENT/CHILD SCHOLARSHIP PROGRAM

FACTS

The **Tom Morton Sandoval Rey Feo LULAC Parent/Child Scholarship Program** seeks to ensure the **educational success of two generations**. Honored in 2007 with the prestigious STAR Award by the Texas Higher Education Coordinating Board, and selected as a finalist in the 2008 Excelencia in Education Award, the program provides support, assistance and incentives for PARENTS to successfully complete their educational objectives at an Alamo College. The parent earns a TWO YEAR SCHOLARSHIP for their CHILD to attend an Alamo College upon high school graduation when the parent completes their stated educational objective.

BENEFITS

- The **parent** receives **$250 per semester** for four consecutive semesters (fall and spring only) if enrolled at an Alamo College.
- The **child** is eligible to claim a **two year tuition and fee scholarship** to attend any Alamo College after their high school graduation, when the parent completes an educational goal: certificate, associate degree or university transfer.

REQUIREMENTS

- Be the parent of a CHILD, age six or younger (*only one child eligible per family*).
- Commit to completing an educational goal at an Alamo College- academic certificate, associate degree or transfer program- within four years of selection for the scholarship.
- Have no more than 30 college level earned hours *(remedial courses do not count against this calculation*).
- A minimum 2.0 cumulative GPA at time of application and meet Alamo Colleges Satisfactory Academic Progress (SAP).
- Complete Free Application for Federal Student Aid (FAFSA) already submitted to an Alamo College.
- Enroll in Fall 2014 at one of the Alamo Colleges: Northeast Lakeview College, Northwest Vista College, Palo Alto College, San Antonio College or St. Philip's College.
- Interview with the LULAC Parent/Child scholarship committee, if considered for the scholarship.

APPLICATION SUBMISSION

Submit your COMPLETE scholarship application form, the required essay, letter of recommendation and release form by MAIL, EMAIL or IN PERSON:

By mail: **PARENT/CHILD SCHOLARSHIP PROGRAM**
San Antonio College Empowerment Center
Attn: Bertha Castellanos
1300 San Pedro
San Antonio, TX 78212

Email: Bertha Castellanos **bcastellanos6@alamo.edu**

In person: **SAC Empowerment Center, 703 Howard San Antonio, TX 78212**

PRIORITY DEADLINE TO APPLY: JUNE 15, 2014*

**Deadline could be extended if enough qualified applicants have not applied by this date.*

Contact us for questions or more information: **210-486-0458 or 210-486-0455**

http://www.alamo.edu/sac/SWANS/scholarships

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APPLICATION

I. PRINT OR TYPE.

Student's Name: _____Banner or SSN: _____

Address: _____ City: _____State:_____ Zip: _____

Primary Phone: _____ Other Phone: _____ Email:_____

Female _____ Male _____ High School Graduate _____ or GED Graduate _____

Most recent school attended: _____ Earned College Hrs: _____ GPA : _____

(*If GRADUATING from high school, provide official transcript).*

Has anyone in your family graduated from college? _____ yes _____ no

If yes, who? _____

Your Child's name:_____ Female _____ Male _____

Child's SSN: _____ Child's Birth date (day, month, year): _____

Name of Spouse, relative or other emergency contact: _____

Relationship: _____ Phone: _____ Email:_____

II. BEFORE APPLYING YOU MUST COMPLETE*:*

- ☐ **Apply Texas or be currently enrolled** for Fall 2014 semester at an Alamo College.
- ☐ **Free Application for Federal Student Aid (FAFSA**) form, submitted and approved by Alamo Colleges.
- ☐ **Satisfactory Academic Progress**, for students with current college credit *

  *(GPA>2.0, 67% course completion rate)

ALAMO COLLEGE ATTENDING FALL 2014:

- ☐ Northeast Lakeview College
- ☐ Northwest Vista College
- ☐ Palo Alto College
- ☐ San Antonio College
- ☐ St. Philip's College

YOUR EDUCATIONAL GOAL IS TO PURSUE:

_____ A Certificate

_____ An Associate degree

_____ A Transfer to a University

_____ Undecided

** Continuing Education courses are not eligible*

III. ESSAY QUESTIONS- write a <u>minimum 400 words, TYPED essay,</u> addressing the following:

A) Why have you decided to pursue higher education and attend college now?

B) What challenges and needs do you have as a parent and as a student?

C) Tell us about your plan to complete your academic goals and secure this scholarship for your child.

IV. RECOMMENDATION LETTER

A **counselor, instructor, employer or supervisor** should complete and sign the attached recommendation form. Recommendations from relatives or friends will not be considered. All recommendations are to be attached to your application upon submission.

V. ADDITIONAL DOCUMENTS:

- **Copy of Identification card or Driver's license** AND **Release form (attached)**

V*I.* APPLICATION CHECKLIST:

- ☐ **Application form** fully completed
- ☐ **Official high school transcript** (*only for students currently attending high school*) or **College transcript** *(only required if transferring from outside the Alamo Colleges)*
- ☐ **Apply Texas and FAFSA** completed and submitted
- ☐ **Essay** typed
- ☐ **Recommendation letter**
- ☐ **Copy of Student ID or Driver's license** and Release form *(attached, allowing permission for the scholarship committee to review the application).*

PRIORITY DEADLINE TO APPLY*: JUNE 15, 2014
**Deadline could be extended if enough qualified applicants have not applied by this date.*

The information submitted on this application is true to the best of my knowledge. I understand that any false information given may disqualify me from consideration for and participation in this program.

_____ _____

Applicant's Signature Date

Mail, email or deliver in person your complete application to:

PARENT/CHILD SCHOLARSHIP PROGRAM
San Antonio College Empowerment Center
Attn: Bertha Castellanos
1300 San Pedro
San Antonio, TX 78212

Email: Bertha Castellanos, **bcastellanos6@alamo.edu**

Hand deliver: SAC Empowerment Center, 703 Howard, San Antonio, TX 78212

FOR QUESTIONS OR MORE INFORMATION:
Bertha Castellanos, Senior Advisor: bcastellanos6@alamo.edu
Phone: (210) 486-0458 or 486-0455

http://www.alamo.edu/sac/SWANS/scholarships

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RECOMMENDATION FORM

STUDENT'S NAME: _____

The person named above is applying for our scholarship program. This evaluation is a critical component in our selection process and we appreciate your reply. Please feel free to attach an additional page, if needed. Thank you!

1) In your perception, how motivated is this student to pursue and complete a college education?

_____

_____

2) Based on your experience, are there any challenges the student needs to overcome to succeed? Explain.

_____

_____

3) In your opinion, what are this student's strongest academic attributes?

_____

_____

4) Have you identified any specific academic areas where the student can improve?

_____

_____

5) Are there any additional comments you would like to make about this student?

_____

_____

_____

Recommender's name and title: _____

College or Institution affiliated with: _____

College or Institution's address: _____

Phone: _____ Email: _____

How long have you known this student? _____ In what capacity? _____

Recommender's Signature_____

Note: *The student is responsible for submitting this letter with a complete application* packet.

FOR QUESTIONS OR MORE INFORMATION CONTACT:
San Antonio College Empowerment Center, Parent/Child Scholarship Program
Attn: Bertha Castellanos, Senior Advisor
bcastellanos6@alamo.edu
Phone: 210-486-0458 or 486-0455
http://www.alamo.edu/sac/SWANS/scholarships

This program is sponsored by the San Antonio College Women's Center, Services for Women and Non-Traditional Students, in conjunction with LULAC Council # 2 and the Alamo Colleges Foundation.

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CONSENT TO RELEASE
FERPA-PROTECTED STUDENT INFORMATION FORM

I, _____hereby consent to:
Printed Student/Client Name

Please check the information to be released under this consent:

A._____ Allow the individual(s) listed below to sit in while receiving services with my academic counselor.

_____ _____
Printed Name Relationship to Student/Client

B.__X__ Authorize person(s), organization, or establishment having information or records concerning me or my circumstances to provide such information to a representative within the Department of Services for Women & Non-Traditional Students. I also grant permission for the Department to provide information which may have a bearing on my eligibility, program participation, and support services. This *Release of Information* is valid for the duration of my program participation and the follow up period of one year unless otherwise specified via written notification.

C.__X__The use of my name, relevant personal information, as well as my image (video or photographs) for the purposes of publicizing the Alamo Colleges and its representatives from any further claims or demands from the use of these materials.

D.__X___Give permission to contact and or disclose information to my case manager(s), counselor, relative, or other support individuals(s) listed below regarding the services received or will receive at the Department of Services for Women & Non-Traditional Students.

Lulac Scholarship Committee _____
Printed Name of Support Person Relationship Phone

I understand that I may revoke this consent in writing at any time.

_____ _____
Student/Client Name (Print) **Student ID. No.**

_____ _____
Signature **Date**

(____)_____ (____)_____
Home Phone **Cell Phone**

** A photocopy of signing party's current, valid picture ID must accompany this form.

This release form was initiated by:

_____ _____
Printed Counselor Name & Initials *Date*

1300 San Pedro, San Antonio, Texas 78212 Phone: 210-486-0455