

Joe Baca Foundation

Application Criteria:

- Applicants must be enrolled in the following school districts (San Bernardino City Unified School District, Colton Joint Unified School District, Rialto Unified School District, Fontana Unified School District, Redlands Unified School District, San Bernardino Community College District, and Chaffey Community College District)
- 2. GPA of 2.0 or higher
- 3. Must be a current graduating high school senior or continuing student at San Bernardino Valley College.

Application Submission:

APPLICATION PACKET MUST INCLUDE ALL REQUIRED DOCUMENTS AND BE <u>POSTMARKED</u> BY <u>MARCH 28,</u> 2014.

Required Documents

An application is considered "complete" only when submitted as a packet containing the following documents:

- 1. Scholarship Application
- 2. Personal Narrative

A written statement of 200 words (typewritten, 12 point font, double spaced) describing:

- Your goals and ambitions
- · Your reasons for pursing a degree in the field that you have chosen
- Your anticipated role in society after your career objectives have been obtained
- Why you feel you should be a Joe Baca Foundation Scholarship Fund recipient
- 3. Two Letters of Recommendation

Each applicant must submit two letters of recommendation:

- Letter #1 Written by someone that works at a school, such as a principal, teacher, or counselor
- Letter #2 Written by someone who works in the community
- Letters of recommendation may not be from parents or relatives
- 4. Official Transcripts to verify a minimum of 2.0 GPA. Submit the most current transcripts
- 5. Proof of Acceptance or Registration from College or University

Mail completed application packet with all required documents to:

Joe Baca Foundation

P.O. Box 402 Rialto, CA 92377 (909) 275-5444

email: njbassociates@yahoo.com

Interview:

Applicants must also be available for an interview. If you are not available or fail to appear for the interview, you will automatically be disqualified from the process. If you have any questions or require additional information, please contact us. If you are selected by the scholarship committee you are required to complete 40 hours of community service.

I certify that the information given on this application is true. I understand that any change in residency, school, or enrollment status not consistent with the guidelines of the application may disqualify my scholarship award. I authorize the use of my application materials and information to be used in whatever manner is deemed necessary by the Joe Baca Foundation. My signature below verifies I have read and accept all of these conditions.

Signature		Date	
Lo	cal Scholarship A	Application	
Application Information:			
First Name	MI	Last Name	
Permanent Street Address – PO Box will not be accepted		City/State	Zip Code
Permanent Phone (Area Code and Number)		Alternative Number (Area Code and Number)	
Birth Date (Month/Date/Year)			
Name of Father/Guardian		Name of Mother/Guardian	
E-mail Address			
Education Information:			
Graduating High School Seniors:			
Current High School		GPA	
College/University you will attend in /Fall 2014		Anticipated Major	