

CARMEN MARTINEZ EOFF SCHOLARSHIP FUND

“EMPOWERMENT THROUGH EDUCATION”

Carmen Martinez Eoff, a lifelong student, educator and leader, understood and embraced the importance of obtaining a higher education. To honor and continue her work of empowering students, a \$2000 scholarship in her name will be awarded to *one* qualified senior within the Porterville Unified School District.

The recipient must demonstrate a record of academic excellence, leadership and community involvement. The scholarship will be awarded in May 2016 and distributed to the student after receipt of first semester/quarter grades from a *four year University*. The recipient must attend the *University* in the fall of 2016 and obtain a minimum G.P.A. of 3.0.

All applications must be submitted to the appropriate scholarship counselor on or before March 30, 2016.

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Application Form

Name: _____

Current address: _____

Date of birth: _____ Age: _____

Place of birth: _____

Current school: _____

Elementary school(s) attended:

Middle school(s) attended:

High school(s) attended:

Mother's name: _____
Highest educational level attained: _____
Current occupation: _____

Father's name: _____
Highest educational level attained: _____
Current occupation: _____

Legal Guardian's name: _____
Highest educational level attained: _____
Current occupation: _____

Please list names and ages of all siblings:

S.A.T. score: _____
ACT score: _____
Current G.P.A.: _____

List each college or university to which you submitted an application:

List all acceptances by any college or university to date:

List all extracurricular activities, school organizations, community service involvement and any **leadership positions** held for each (attach additional pages as necessary):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Explain any history of employment:

Please list two teachers from your high school as references:

1. Name: _____ Position: _____
Phone Number: _____
2. Name: _____ Position: _____
Phone Number: _____

Please list an adult member from your community as a reference (may not be a family member): Name: _____ Occupation: _____

Phone Number: _____

I, _____, hereby submit that the above information is true and correct on this _____ day of March, 2016.

Signature of Applicant: _____

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Required Letter

Please attach a letter, single spaced and limited to 2 pages, addressed to the Carmen Martinez Eoff Scholarship Fund, regarding the following:

- *Discuss one issue of state, national, or international concern and its importance to you.*

Checklist:

___ Application Form

___ Transcript from high school

___ S.A.T. transcript

___ ACT transcript

___ Letter to Carmen Martinez Eoff Scholarship Fund