



Due to counselor: \_\_\_\_\_

### Antonio R. Sanchez Sr. Memorial Scholarship 2019 Scholarship Application

Applicant's Name: \_\_\_\_\_

High School \_\_\_\_\_

U.S. Citizen / Legal Resident: Yes (\_\_\_) No (\_\_\_)

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City Zip Telephone Number

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
If Applicable

Occupation: \_\_\_\_\_

Total # of Members in Household \_\_\_\_\_

◆ List your top 3 college choices:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

What career or field of study do you intend to pursue? \_\_\_\_\_

List high school clubs and organizations in which you have been involved. Please include the number of years you participated, the organization name, positions held, and any honors or awards received.

(Use additional page for this information if necessary)

Year(s)	Club/Organization	Position(s) held	Awards

Have you volunteered or held a part time job? Yes (\_\_\_) No (\_\_\_)

Employer(s)	Hours per week	Position(s) held	Award(s)



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Please attach proof of completion of 50 Community service hours.

Are you or have you been employed by IBC or any of its subsidiaries? Yes (\_\_\_) No (\_\_\_)

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Student Signature

Date

I have verified and confirmed that the information above is accurate to the best of my knowledge.

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Counselor Signature

Date