



mthoodunida.org

BECA MEMORIAL DE SAUL GALLEGOS RUIZ

1. Applicant Information

- Parent/Guardian Name: _____
- Parent/Guardian Address: _____
- Parent/Guardian Telephone: _____
- Parent/Guardian Email: _____
- Student's Name: _____
- Application Season: _____
- Have you applied for a scholarship already this season? ___ No
Students are eligible for one scholarship per student per season.
- Is your home experiencing financial barriers? ___ Yes ___ No

2. Student's Academic Status

Please identify the School your student attends:

- Name: _____
- Grade: _____
- Address: _____
- Telephone: _____
- Website: _____

3. Scholarship Use

Please provide the following information regarding the Program for which the Scholarship is sought:

Students can apply a scholarship to any sports program offered by a school, municipality, recreational organization, club or other sporting organization.

- Dates: _____
- Location: _____
- Sport: _____

- Costs: _____
- Telephone: _____
- Website _____
- In the space provided below, please respond to the following:
 - Tell us how the program you are applying for will help you or your child?
 - Describe your (or your student's if parent/guardian) connection to the Latino community:

(If you require more space for your response, please attach additional pages as needed.)

4. Applicant's Representations and Warranties

I hereby represent and warrant that:

- The information provided is true and correct.
- I will use the Scholarship exclusively for the Program.
- I agree any Scholarship funds not used for the Program must be returned to Unida.
- I understand that in most circumstances if I am awarded a Scholarship, it shall be paid directly to the Program. However, in situations where I receive the Scholarship funds directly, I will provide receipts for all expenditures paid for with the Scholarship funds within two weeks of the last day of the Program.
- If I am awarded a Scholarship, I will abide by all policies and procedures established by Unida related to the Scholarship.
- I understand and agree that by submitting this Application there is no guarantee I will be awarded a Scholarship.
- I understand Scholarships are awarded at the discretion of Unida in furtherance of its exempt purposes.

Applicant:

Signature and Printed Name

Date

Parent or Guardian:

Signature and Printed Name

Date