

# 2013-2014 LULAC PARENT/CHILD SCHOLARSHIP PROGRAM

S A N A N T O N I O C O L L E G E
Services for Women and Non-Traditional Students
Women's Center • Seguir Adelante • MI CASA Program

#### **FACTS**

Honored in 2007 with the prestigious STAR Award by the Texas Higher Education Coordinating Board (THECB), and selected as a finalist in the 2008 Excelencia in Education Award, the **LULAC Parent/Child Scholarship Program** seeks to ensure the **educational success of two generations**. 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 <u>four consecutive semesters</u> (fall and spring only) if enrolled at an Alamo College starting <u>Fall 2013</u> (parent must meet Alamo Colleges Satisfactory Academic Progress requirements).
- The **child** is eligible to claim a **two year tuition and fee scholarship** to attend any Alamo College <u>after</u> their high school graduation, when the parent <u>completes an educational goal</u>: certificate, associate degree or university transfer.

#### **REQUIREMENTS**

Ц	Be the parent of <u>ONLY ONE CHILD</u> , age six or younger
	Commit to completing an educational goal at an Alamo College- 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)
	A minimum 2.5 cumulative GPA at time of application
	Four clock hours of parenting. Provide proof if you have completed this requirement, OR complete parenting
	classes online: contact us for details.
	Complete Free Application for Federal Student Aid (FAFSA) already submitted to an Alamo College.
	Enroll in Fall 2013 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 scholarship committee, if considered for the scholarship

#### **APPLICATION SUBMISSION**

Submit your COMPLETE scholarship application <u>form</u>, the required <u>essay</u> and <u>letter of recommendation</u> by MAIL, EMAIL or HAND DELIVER:

By mail: PARENT/CHILD SCHOLARSHIP PROGRAM

San Antonio College Women's Center 1300 San Pedro San Antonio, TX 78212

Fax: 210-486-9266 OR Email: Bertha Castellanos bcastellanos6@alamo.edu

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

**DEADLINE: JULY 1st, 2013** 

Contact us for questions or more information: 210-486-0458 or 486-0455 http://www.alamo.edu/sac/SWANS/

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.



# 2012-2013 LULAC PARENT/CHILD SCHOLARSHIP PROGRAM

## **APPLICATION**

I. Please print or type and complete all sections. Student's Name: \_\_\_\_\_\_Banner or SSN: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email:\_\_ High School Graduate or GED Graduate Female Male Most recent school attended: \_\_\_\_\_ Earned College Hrs: \_\_\_\_ GPA : \_\_\_\_ (If attending 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): Is this your ONLY child? Childcare provided by: Emergency contact: Relationship: Phone: II. To be completed before applying: A parenting course in high school or at least four hours of parenting classes \* \* Attach transcript or parenting class letter/certificate as proof, or inquire about online parenting courses you can take ☐ A Free Application for Federal Student Aid (FAFSA) form \*\* \*\* MUST be complete and submitted to an Alamo College, prior to applying Alamo College attending or planning to attend in Fall 2013: Your educational goal is: □ Northeast Lakeview College Certificate \_\_\_\_ Associate of Arts □ Northwest Vista College \_\_\_\_\_ Associate of Science ☐ Palo Alto College ☐ San Antonio College Associate of Applied Science \_\_\_\_Transfer to a University ☐ St. Philip's College

### III. On a separate sheet of paper, TYPE a minimum one-page ESSAY addressing the following:

- A) Tell us about your professional aspirations and career goals
- B) What are some of your current personal challenges?
- C) How will this scholarship help you and your child?

## IV. Recommendation letter

A counselor or instructor should complete a	nd sign the attache	d recommendation form	. Recommendations
from relatives or friends will not be considered			

V.	App	lication	checklist:

Comp	lete application form				
	☐ Official high school transcript (only for students currently attending high school)				
	College transcript (only required if transferring from outside the Alamo Colleges)				
	☐ Proof of Parenting (high school transcript or certificate from parenting program)				
	☐ FAFSA completed and submitted				
	Essay				
	Recommendation letter				
	DEADLINE: JULY 1st, 2013				
	formation submitted on this application is true to the best of my knowledge. I understand that any false ation given may disqualify me from consideration for and participation in this program.				
Applic	cant's Signature Date				
Mail complete application to:					
PARENT/CHILD SCHOLARSHIP PROGRAM San Antonio College Women's Center					

San Antonio College Women's Center 1300 San Pedro San Antonio, TX 78212

Email: Bertha Castellanos, bcastellanos6@alamo.edu

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

## QUESTIONS?

**Phone:** (210) 486-0458 or 486-0455

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

	FOR OFFICE USE ONLY	
Comments		
Complete application Y/N?	_ Recommender:	
Received by:		_Date:



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Recommender's Signature\_

## PARENT/CHILD SCHOLARSHIP PROGRAM 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 a college education?				
Based on your experience, will this student commit to completing an educational goal? Explain.				
3) In your opinion, has this student demonstrated determination and leadership?				
4) What do you consider this student's strongest academic attributes?				
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?				

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

FOR QUESTIONS OR MORE INFORMATION CONTACT US:

San Antonio College Women's Center Parent/Child Scholarship Program

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## CONSENT TO RELEASE FERPA-PROTECTED STUDENT INFORMATION FORM

Printed Student/	Client Name	nereby consent t	0:		
Please check the information	n to be released und	der this consent:			
<b>A.</b> Allow the individual(s)	listed below to sit in	while receiving services with my	y academic counselor.		
Printed Name		Relationship to St	udent/Client		
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 <i>Release of Information</i> is valid for the duration of my program participation and the follow up period of one year unless otherwise specified via written notification					
the purposes of pub	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.				
counselor, relative,	or other support indiv	e information to my case manag iduals(s) listed below regarding it of Services for Women & Non-	the services		
Lulac Scholarship C	Committee				
Printed Name of Su	pport Person	Relationship	Phone		
I understa	and that I may revok	e this consent in writing at an	ny time.		
Student/Client Name (Print)		Student ID. No.			
Signature		Date			
( )		()			
Home Phone		Cell Phone			
** A photocopy	of signing party's curre	ent, valid picture ID must accompar	ny this form.		
This release form was initiated by	:				
Printed Counselor Name & Initials		Date			

Phone: 210-486-0455