

**Financial Need Scholarship
Juan De Jesus Vigil Family Foundation
Scholarship Application**

The Board of Directors of the Juan De Jesus Vigil Family Foundation shall determine on a yearly basis the number of Scholarships that will be awarded each year to qualified recipients.

RECIPIENT QUALIFICATIONS:

To be eligible for a Financial Need Scholarship, applicant must: Be a Descendant of the Juan De Jesus Vigil family.

Be accepted at an accredited state funded college or university.

Demonstrate a proven academic record, including at least a 3.0 (GPA) and/or have received a minimum ACT score of 21.

REQUIREMENTS:

Each applicant must submit in one complete packet the following information: (Incomplete packets will not be considered.)

1. Application, including all requested attachments.
2. Copy of your FAFSA.
3. Most current official grade transcript including SAT or ACT scores.
4. Three letters of reference (academic, personal, work or volunteer).
5. A list of community service and/or volunteer service you have done. List any awards you have received.
6. Please respond to the following question in 300 words or more to the following essay prompt:

“It is your 20 year high school reunion and you are the guest speaker, why?”

Please attach all components of the requirements to application.

DEADLINE:

All application packets must be submitted and postmarked by **April 30**, each year and addressed to:

The Juan De Jesus Vigil Family Foundation
Carl Salazar, President
1337 Iris Circle
Broomfield, CO 80020

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____ City/Zip Code: _____ State: _____

Best Phone Number: _____ Other Phone Contact: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Father or Male Guardian: _____

Mother or Female Guardian: _____

List names and ages of brothers and sisters living at home and/or attending college. Mark college students with an asterisk (*):

EDUCATION PLANS

1. _____
College/Educational Institution Name Address City Zip Code

Financial Aid Office Address Address City Zip Code

2. Date of Enrollment: _____

3. Intended Major: _____

4. Please list all scholarships and/or grants you are seeking or have received: _____

APPLICANT EMPLOYMENT INFORMATION

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor Name and Phone: _____ # of hours worked/week _____

I, hereby, understand that the information provided in my application is complete and correct to the best of my knowledge. I also understand that this application becomes the property of the Juan de Jesus Vigil Family Foundation.

I also authorize the release to the Juan de Jesus Vigil Family Foundation any financial aid information by the institution I will be attending for purposes of scholarship consideration.

Signature of Applicant

Date