

Lapiz Family Scholarship

**Postmark Deadline: Friday, April 24, 2020**

**Eligibility Criteria:**

* Grade level: Incoming freshman or current, full-time undergraduate at a campus of the University of California in 2020-21
  + Preference given to UC Davis & UC Santa Cruz
* Farmworker, or child of a farmworker or migrant farmworker
* Any ethnic heritage
* Minimum cumulative GPA: 3.0
* Financial need
* Status: US citizenship or US resident

**Background Information:**

* Number of awards: 1
* Amount: $2,000 (annual award)
* Renewable? Yes
* Total award: up to $4,000
* Established in honor of Apolonio and Arcadia Lapiz, who were farm workers

**Selection Criteria:**

* Personal strengths, including responsibility, maturity, motivation and ability to overcome hardships
* Academic achievement
* Potential to succeed, including time management skills and realistic goals

**Application Checklist:** Applicants are responsible for submitting all materials to the Asian Pacific Fund by the deadline. Incomplete applications will not be evaluated. This application becomes complete and valid only when the Asian Pacific Fund has received all of the following materials:

Completed student application form

Essays

Most recent transcript(s) of grades (including grading scale); unofficial transcripts are OK

Resume (include work experience, school activities, community service, honors & awards)

Two letters of recommendation, at least one of which is from a current teacher or professor

*Letters should be on official school or organization letterhead. Please include the student’s first and last name.*

*Note:* Five to 7 finalists will be chosen. If chosen, finalists must submit official transcript(s) of grades, SAT/ACT score reports and FAFSA student aid report.

Completed application form with supplemental materials must be postmarked by **Friday, April 24, 2020**. Please send to:

**Lapiz Family Scholarship**

**Asian Pacific Fund**

**465 California Street, Suite 809**

**San Francisco, CA 94104**

Questions? Check our [Frequently Asked Questions](http://asianpacificfund.org/frequently-asked-questions) page or e-mail [scholarship@asianpacificfund.org](mailto:scholarship@asianpacificfund.org).

**Scholarship Application**

To apply, please complete the following application form. Please type or print legibly.

**Contact and Household Information**

**Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | | | Middle name/initial: | | Last name: | | |
| Home phone:  (     )       - | | Cell phone:  (     )       - | | | | | Date of birth:      /     / |
| Email address: | | | | Gender: | | | |
| **Ethnic Heritage of…** | | | | | | | |
| Mother: | Maternal Grandmother: | | | | | Maternal Grandfather: | |
| Father: | Paternal Grandmother: | | | | | Paternal Grandfather: | |

**Permanent Residence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address (Number & Street): | | | | Apartment/Suite: |
| City: | State: | Zip Code: | County (*not* Country): | |

**Mailing Address** *(if different from above)*

|  |  |  |  |
| --- | --- | --- | --- |
| Address (Number & Street): | | | Apartment/Suite: |
| City: | State: | Zip/Postal Code: | |

**Parent or Guardian Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | | Middle name/initial: | | Last name: |
| Relation to applicant: | Telephone:  (     )      - | | Email address: | |
| Address (if different from above): | | | | |

**Will you be the first in your immediate family (parents and siblings) to attend college?**  Yes  No

**Publicity**

How did you hear about this program? (please check all that apply)

College/Career Counselor Teacher  Family/Family Friend

Internet (please specify):        Other (please specify):

First & last name:

**Financial Information**

**Parents’ Financial Data** (to be completed if student is still in parents’ household or claimed as a dependent. Use data based on most recently filed tax form or “Your Parents’ Information” on most recent FAFSA form)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adjusted Gross Income:  (Form 1040 – line 37) |  | | Total Cash, Checking, Savings & Cash Value of Stocks:  (*exclude* retirement plan funds, IRA, 401K) | | | | |  |
| Total Income of Father: | |  | | | Occupation of Father: | |  | |
| Total Income of Mother: | |  | | | Occupation of Mother: | |  | |
| Parents’ Marital Status: | | Married  Divorced  Separated  Widowed  Single | | | | | | |
| Amount of additional income: | | | | Source(s): | | Child Support  Social Security  TANF Other: | | |
| Special Financial Circumstances: | | |  | | | | | |

**Student’s Financial Data** (to be completed if the student is employed part- or full-time)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adjusted Gross Income:  (Form 1030 – line 37) |  | | | Total Cash, Checking, Savings & Cash Value of Stocks:  (exclude retirement plan funds, IRA, 401K) | | | | |  |
| Total Income: | | Occupation: | | | | | Average hours worked per week: | | |
| Number of *your* dependents: | | | Your dependent status: | | | Living with parent(s); claimed as dependent  Financially independent from parent(s) | | | |
| Your Marital Status: | | Married  Divorced  Separated  Widowed  Single | | | | | | | |
| Amount of additional income: | | | | | Source(s): | | | Child Support  Social Security  TANF Other: | |

**Household Information:** Some programs have a maximum household income requirement. Please see eligibility criteria for maximum household income to be considered for the scholarship.

|  |  |
| --- | --- |
| Please provide your Estimated Family Contribution (EFC):  *The EFC is located on the top-right of page 1 of the FAFSA Student Aid Report. If you are ineligible to apply for FAFSA, write "Not Applicable" in this field. If you have not completed your FAFSA, use the* [*FAFSA4Caster*](https://fafsa.ed.gov/FAFSA/app/f4cForm?execution=e1s1) *to estimate your EFC.* |  |
| Number of people in household supported by reported income: | |
| Number of household members attending college in 2020-21: | |

**Other Awards:** List the name and annual amount of any grants/scholarships you have been awarded for 2020-21.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Award: | School to which award will be applied: | Amount: | Status: |
|  |  | $ | Granted  Pending |
|  |  | $ | Granted  Pending |
|  |  | $ | Granted  Pending |

First & last name:

**Background and Academic Information**

**Farm/Migrant Worker Status:** (please check all that apply)

Self  Mother  Father

**Citizenship Status**

Are you a citizen or permanent resident of the United States?  Yes  No

**Academic Information:** Please write “N/A” if it does not apply to you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| High School: |  | | | | | City: |  |
| H.S. Weighted GPA: |  | | H.S. Unweighted GPA (4.0 scale): | | | |  |
| Expected High School Graduation Date: Month       / Year | | | | | | | |
| For current undergraduates:  Name of UC campus: | | | | | Year in school (Fall 2020): | | |
| Major: | | Expected College Graduation Date: Month       / Year | | | | | |
| College cumulative GPA: | | | | College term GPA (Fall 2019): | | | |

Other College Information:

|  |
| --- |
| Housing plans for 2020-21:  Commute from home  Live on campus  Live off campus |
| If attending a public college/university, will you be paying in-state tuition?  Yes  No |

**Test Scores:** For incoming freshmen only. Please write “N/A” if you have not taken the tests below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SAT Math: | | SAT Reading & Writing: | | | SAT Total Score: | |
| SAT Subject Tests  (if taken): | Subject: | | Score: | Subject: | | Score: |
|  | Subject: | | Score: | Subject: | | Score: |
| ACT  Composite:       English:       Mathematics:       Reading:       Science: | | | | | | |

**Essay Questions**

*Please respond to each of the short essay questions below on a separate sheet of paper. Your essays should be in 12-point font and single-spaced. At the top of the page, include your name and the name of the scholarship program. After each essay, please include the word count.*

1. Tell us about yourself, including your academic and career goals, hopes and dreams for the future and your proudest moment of your personal or academic life. Recommended length: 250-500 words
2. Describe your experience as a farm worker or child of a farm/migrant worker. What have you learned from the experience? How has it shaped your values? Recommended length: 250-500 words
3. Describe a project, experience or person related to your academic and/or career goals that inspired you. What impact did it have on you? Recommended length: 150-200 words
4. *Optional:* Is there anything else you would like us to know, including any unusual family or personal circumstances that have affected your achievement in school, work experience or your participation in school activities?

**Complete & sign portion below:**

*I state that all of the information provided in this application is true, and, if selected as a recipient of the Lapiz Family Scholarship, I agree to provide additional documentation that is required.*

*I also acknowledge that the Lapiz family members are the Benefactors of the Lapiz Family Scholarship. I affirm under penalty of perjury that I,* *(print student name)* , *am not related to the Benefactors in any of the following ways: household member, family member (brother, sister, uncle, aunt, grandparent, or first cousin, or any of the listed relationships by marriage), and descendant (child or grand-child whether or not they are household members).*

*Furthermore, I affirm under penalty of perjury that no one in my family or household, including myself, is an employee of the Benefactors or, to the best of my knowledge, an employee of a company in which the Benefactors hold controlling interest.*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_

Print Student’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If student is under 18 years old:*

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_

Print Parent’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_