



LEAGUE OF CALIFORNIA CITIES  
**LATINO**  
C A U C U S

The League of California Cities Latino Caucus (LCCLC) is pleased to invite all qualified students to apply for a scholarship. This scholarship program was established to assist deserving students by offering financial assistance to help meet educational expenses.

## ELIGIBILITY

- Be a full-time student (undergraduate or graduate) in good academic standing at an accredited college or university.
- The scholarship will be awarded to an incoming student, not limited to freshmen students, and including transfer students.
- Have a minimum grade point average (GPA) of 3.5.
- Submit a completed application along with all required supplementary documents by the application deadline.
- This award is offered to a student who has demonstrated involvement and/or support in the Hispanic/Latino community.

This scholarship is not limited to first-generation students; however, first-generation students are strongly encouraged to apply.

**The following information must be submitted to the Gavilan College Financial Aid office or emailed to [finaid@gavilan.edu](mailto:finaid@gavilan.edu) by 06/01/2022 by 5:00 pm for consideration:**

- ✓ Completed Application and
- ✓ School Transcript (Official and Unofficial)

Drop off / Mail in your complete application to:  
Gavilan College Financial Aid Office  
5055 Santa Teresa Blvd.  
Gilroy, CA 95020

# APPLICATION

Please print clearly

## Section I- Student Information

Name: \_\_\_\_\_ Gavilan ID: G00\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Section II – College Information

Enrollment Status: \_\_\_\_\_

Major: \_\_\_\_\_

GPA \_\_\_\_\_ \* Applicants must attach an official copy of the student's most recent transcript

## Section III – Autobiographical Data Information

(Please attach a typed)

What are your educational and career goals? (150-word max)

\_\_\_\_\_

Describe a meaningful experience (where you have made a positive impact). Why was it meaningful and what did you learn from the experience? (150-word max)

\_\_\_\_\_

Please explain why you deserve this scholarship. (200 Word Max)

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Please explain how you have or plan to demonstrate involvement and/or support in the Hispanic/Latino community. (500 Word max)

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I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an award, I understand that false or misleading information on my application will result in my disqualification. I authorize the Gavilan College Financial Aid Office to release information in this application to Scholarship Selection Committees and their representatives to determine eligibility. The data contained herein shall remain confidential.

I understand that if selected as a recipient:

- \* **My name and likeness may be used in publicity regarding the scholarship.**
- \* **I will provide the Financial Aid Office with a photo of myself or have my photo taken for Scholarship Ceremony.**
- \* **I will be required to submit my post acceptance by the due date.**

I understand the scholarship is contingent upon these requirements.

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