



WABE SCHOLARSHIP APPLICATION



Please complete the following information and submit with any additional information, i.e., picture, resume. (One application per person)

First Name: _____ Last Name: _____ Age: _____

Address: _____ City _____ State _WA_ Zip code _____

Email address: _____

Contact Phone numbers: Home: _____ Cell: _____ Work: _____

Gender: Male _____ Female _____ Marital Status: Single: _____ Married: _____ Divorced: _____

Name and address of college, university or technical school you are attending: _____

Current Quarter GPA: _____ What is your major/career goal? _____

Do you receive financial aid? _____ If yes, from: _____

Were you awarded any other scholarships? _____ If yes, please list below: _____

Are you employed? Part time: _____ Full Time: _____ Name and Address of employer: _____

Please list monthly income: _____ Number of people in your household? _____

I hereby certify that all the information provided for this scholarship application package is accurate and true.

Applicant Signature: _____ Date: _____

Mail to: Latino Professionals Association, PO Box 1036, Yakima, WA 98907, Attn: Scholarship Committee