

# HYLC

Scholarship Application



## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address					Apt./Unit #
City			State		ZIP
Phone			E-mail Address		
School					Years of Membership
Father's Name			Workplace		
Mother's Name			Workplace		

## EDUCATION

High School			Address		
From	To	Will you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of graduation
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

2 Letters of Recommendations

Official transcript

Letter of Application

## DISCLAIMER AND SIGNATURE

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

If this application leads to a scholarship, I understand that false or misleading information in my application may result in the disqualification of the scholarship money.

Signature

Date

**¡Nunca te rindas!  
Never give up!**