

**SCHOLARSHIP APPLICATION**

**2024**

Carefully read and complete the ProYouth scholarship application and provide all requested documents. The deadline to submit the application is 4-12-2024 and must include: (1) Scholarship application, (2) a personal statement, and (3) two letters of recommendation. Applications must be received by **email to nortiz@pyheart.org**. All late, incomplete and/or modified applications will be rejected. Grant amount is $750.00 per award.

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| **Name of Applicant:** Click or tap here to enter text. |
| **Mailing Address:** Click or tap here to enter text. **City:** Click or tap here to enter text. **State: CA** **Zip Code:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text.**Note:** You must provide at least two phone numbers where you can be reached.**Home Telephone:** (Click or tap here to enter text. ) **Message Telephone:** (Click or tap here to enter text.) **Cellular Phone:** (Click or tap here to enter text. ) |
| **What high school do you attend?** Click or tap here to enter text. **GPA:** Click or tap here to enter text.**Do you currently attend the ProYouth XL Program?** [ ]  Yes [ ]  No**Have you attended the** **HEART, EDGE, or XL** **Program in the past?** [ ]  Yes [ ]  No |
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| **What college or university will you attend during the 2024-2025 academic year?** Click or tap here to enter text.**Will you enroll full time?** [ ]  Yes [ ]  No **What is (or will be) your college major?** Click or tap here to enter text. Will you receive financial assistance from your family while enrolled in college? [ ]  Yes [ ]  No  |
| I certify that the information contained in this application is true, and if selected as a ProYouth Scholarship Program recipient, I agree to submit an approved schedule of classes. I also understand that final selection of scholarship recipients will be the responsibility of the ProYouth Scholarship Committee. ProYouth has my permission to notify the college/university financial aid office of my scholarship award. I also authorize the financial aid office to discuss my financial aid award with ProYouth representatives to determine financial need. ProYouth also has my permission to publish my name, a photo, scholarship amount and a brief biographical sketch on all social media platforms.**Applicant Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.**If Under 18,** **Parent/Guardian Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |
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**ADDITIONAL INFORMATION REQUIRED\***

**\*Personal Statement:**

**Provide a Personal Statement “My ProYouth Journey” in 1000 words or less that addresses each topic listed below.**

1. How ProYouth HEART, Edge, or XL Programs have affected you and your family
2. List any challenges that may have affect your goals.
3. Include examples from the past, present, and future.
4. Why should ProYouth select you to receive this scholarship?

**\*Letters of Recommendation: (two letters are required)**

**Instructions to the applicant:** Please contact the following for a letter of Recommendation: (A) from either the principal, guidance counselor, or teacher at the school you attend. (B) from the XL Site Director or PL II. (C) (optional) Adult citizen attesting to the applicant’s character in regards of conduct, citizenship, and leadership.

**Do not select close friends or relatives to complete the letter.**