



Due to counselor: _____

Antonio R. Sanchez Sr. Memorial Scholarship 2019 Scholarship Application

Applicant's Name: _____

High School _____

U.S. Citizen / Legal Resident: Yes (___) No (___)

Social Security No. _____

Date of Birth _____

Address: _____ (_____) _____
Street City Zip Telephone Number

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Guardian's Name: _____
If Applicable

Occupation: _____

Total # of Members in Household _____

◆ List your top 3 college choices:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

What career or field of study do you intend to pursue? _____

List high school clubs and organizations in which you have been involved. Please include the number of years you participated, the organization name, positions held, and any honors or awards received.

(Use additional page for this information if necessary)

Year(s)	Club/Organization	Position(s) held	Awards

Have you volunteered or held a part time job? Yes (___) No (___)

Employer(s)	Hours per week	Position(s) held	Award(s)

Please attach proof of completion of 50 Community service hours.

Are you or have you been employed by IBC or any of its subsidiaries? Yes (___) No (___)

Student Signature

Date

I have verified and confirmed that the information above is accurate to the best of my knowledge.

Counselor Signature

Date