



"Paving a Pathway" Martin Family Scholarship Application

SUBMIT BY FEBRUARY 1ST AT 11:59 PM

SUBMIT SCHOLARSHIP APPLICATION VIA EMAIL:

DEFScholarships@gmail.com

Include in Subject: Paving a Pathway Application _ Your Name
Please submit all documents in PDF format.

The Scholarship Committee will hold all information in strictest confidence.

For further information contact the DEF Executive Director,
Diana Cruz at 970-385-1491.

APPLICATION FOR
Martin Family ‘Paving a Pathway’ Scholarship

Please attach this cover page to all attachments to your Scholarship Application. To be completed by prospective Scholarship recipient: **Please type or print legibly to assure accuracy.**

SECTION I—PERSONAL INFORMATION AND INTERESTS

Applicant’s Name:

(Last)_____ (First)_____ (Initial)_____

Mailing Address: _____

City_____ State____ Zip _____

Phone #:_____ Email address:_____

Age:_____ Date of Birth:____/____/____

Youth Advocate Name: _____

Youth Advocate Phone #: _____

Present School & Address:

Did you work this past summer? Yes No

If yes, where did you work? (name of company, supervisor and phone number (including zip code)

Are you currently working? Yes No

If yes, where and how many hours per week are you working? _____

SECTION II: ESSAY QUESTIONS REGARDING CAREER/COLLEGE

1. What are your career interest and goals and your plans to achieve them?

2. What has influenced your decision to pursue higher education?

3. Why did you choose the particular community college, technical school or university that you plan to attend?

4. Please explain how your receipt of this scholarship will help you achieve your career goals:

SECTION III: LPYS YOUTH ADVOCATE & RECOMMENDATIONS

Who is your Youth Advocate who recommended you apply for this Scholarship?

Youth Advocate Name: _____

Youth Advocate Title: _____

Youth Advocate Email: _____

Youth Advocate Circuit/Agency: _____

Youth Advocate Address: _____

State _____ Zip _____ Phone:(_____)_____

I, the LPYS Youth Advocate, have reviewed this application and found it complete. Yes No

- Please attach a letter of recommendation from your LPYS Youth Advocate.
 - Letter attached Yes No

- Please attach two letters of recommendation from adult persons other than within the juvenile justice system (Ex: School Resource Officer, teachers, school counselors, coaches, clergy, etc.)
 - Two (2) letters of recommendation attached Yes No

SECTION IV—ACADEMIC RECORD, ACHIEVEMENTS, AWARDS, SCHOLARSHIPS

I presently attend:

Name of school: _____ Cumulative GPA: _____

City _____ State _____ Zip Code _____

I have included my Letter of Acceptance from the institute of higher learning (community college, trade/technical school or university) that I will be attending. (check one) Yes No

Next semester I will be attending (Name of School)

School Address: _____

- Two year program Four Year Program Other: _____

1. List interests, hobbies or skill sets that you possess:

2. List past and present school activities:

3. What are your goals or aspirations?

4. What type of service learning have you completed?

5. List volunteer/community activities which you have been involved (youth, church, etc.):

6. What other scholarships have you applied for or received?

SECTION V — ONE PAGE ESSAY

Instructions: Type no more than one page answering the question below.

Question: *What challenges have you faced and how did you (or plan to) overcome those challenges?*

SECTION VI — FINANCIAL INFORMATION

The Paving a Pathway Scholarship is intended to award a total of \$5,000 over the course of the time spent at the student's choice of institution for higher learning, up to four (4) years. The recipient will be expected to provide a verbal or written update to the Martin Family after each year of completion explaining the obstacles they've endured and how they plan to address them in order to continue to receive the full award amount. The award provided each year will be determined by the Martin Family.

The scholarship is awarded upon proof that the student is enrolled in an institution of higher learning (community college, trade/technical/vocational school or university), and payment shall be made directly to the institution. Please inquire with your LPYS Youth Advocate or DEF Executive Director for examples of technical/vocational schools.

All Applicants please read the following prior to signing:

To the best of my knowledge, I have provided the Durango Education Foundation full and truthful information concerning all questions on this application. I agree to report to the Durango Education Foundation any factors (such as change of address, change of school status, change of marital status, change of income, etc.) which could affect consideration of my application. I understand that failure to provide true and complete information could result in withdrawal of all financial assistance and billing for all awards previously made by the Durango Education Foundation.

Applicant Signature

Date

Print name

If a minor (17 years old or younger):

Guardian/Parent Signature

Date

Print Name