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| **THE DE MOYA FOUNDATION**  **ARMANDO J. DE MOYA SCHOLARSHIP APPLICATION**  **DEADLINE: 5/15/2018** | | |
| **Full Name** |  | |
| **Address** |  | |
| **City and State** |  | |
| **Zip Code** |  | |
| **Phone Number** |  | |
| **Email Address** |  | |
| **Date of Birth** |  | |
| **Gender** |  | |
| **Race/Ethnicity** |  | |
| **Citizenship** |  | |
| **Florida Resident?** | Yes/No: | |
| **Disability?**  (Not required for this scholarship) | Yes/No:  If yes, enter disability: | |
| **UF Students** | **Credits Earned** |  |
| **Classification** | **Junior / Senior** |
| **GPA** |  |
| **Major** |  |
| **Gross Family Annual Income** | $ | |
| **Dependency Status** |  | |
| **Do you receive financial support from your family/any other source?** | If yes, please include amounts and describe your living arrangements. | |

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| **List any awards or honors you have received; include dates.** |
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| **List community activities and/or volunteering activities; include dates and positions held.**  May include high school and college activities or clubs you participated in; include dates and positions held with emphasis on leadership positions. |
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| **List current or previous work experience (if applicable); include dates and responsibilities.** |
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| **Describe your current education track. Include how many credits /semester you plan to enroll in, and your expectations for graduation.** |
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| **Describe the job you hope to have upon graduation.** |
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| **Describe the career you hope to have 5 years after graduation.** |
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| **In keeping with Armando’s spirit of helping future students achieve their dreams, how would you pay it forward or assist future generations?** |
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| **Please enter any additional personal information you would like to share with us.** |
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| **In no more than one (1) page explain why you think you deserve The Armando J. de Moya Scholarship. Include how the scholarship will have an impact on your college career and boost your overall success.** |
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| **Have you received any scholarships in the past? If yes, please list the scholarship name, total award amount, and award period.** |
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* **Required at time of submission**
  + Application
    - Enter typed text in the space provided using either Times New Roman or Arial 12-point font or larger with 1-inch margins all around.
  + Statement of Accuracy
    - Sign and scan document.
  + At least two (2) academic letters of reference
  + Most recent IRS Income Tax Form
  + Official college/university transcript mailed to:

The de Moya Foundation

95 Merrick Way, Third Floor

Coral Gables, FL 33134

* **If applicable**
  + Copies of awards, honors, etc.
  + Proof of volunteer work (signed work logs, letters from organizations, etc.)

Email completed applications along with all required attachments by **May 15, 2018** to info@demoyafoundation.com. **All submitted attachments/files must be in PDF format.**

**Incomplete applications, applications that do not meet eligibility criteria or late applications will not be considered for this scholarship.**

**STATEMENT OF ACCURACY**

**I hereby affirm that all the above stated information provided by me is true and correct to the**

**best of my knowledge.**

**I understand that I must provide evidence of enrollment/registration at the college or university**

**of my choice before scholarship funds can be awarded.**

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**For questions regarding this application, please contact**

**Natalie Roque Sanchez at info@demoyafoundation.com or 305-667-9112.**

**Please email the Statement of Accuracy, completed application, and required**

**documentation to info@demoyafoundation.com.**

**All files must be in PDF format.**