

# Ray Uribe/Associated Students Memorial Scholarship

The Ray Uribe/Associated Students Memorial Scholarship was established to recognize the academic achievements and potential of EOP students and to assist them financially with the pursuit of their education. The scholarship has been named to commemorate Ray Uribe, a dedicated EOP advisor, who did much to assist EOP students in the quest to achieve their educational and career goals. The scholarship is available to new and continuing EOP students at San Francisco State University. Several scholarships up to \$1,000 may be awarded.

## ELIGIBILITY REQUIREMENTS

- New or continuing undergraduate EOP student.
- Student must have a financial need as determined by the Office of Student Financial Aid (OSFA).
- Student has at least a 2.5 cumulative Grade Point Average (GPA) for the academic work completed at the school last attended.
- Student must be enrolled full-time, a minimum of 12 units per semester.  
Nursing students in their 5<sup>th</sup> semester must be enrolled in a minimum of 6 units at the 500 Level.
- Submit the following to the EOP office by the scholarship deadline:
  - 1) Completed Ray Uribe/Associated Students Memorial Scholarship Application
  - 2) Current transcript (unofficial is acceptable)
    - For new students, from last school attended
    - For continuing students, current SF State transcript
  - 3) A letter of recommendation

## SCHOLARSHIP DEADLINE

March 31<sup>st</sup> of current year

## SUBMIT TO

Educational Opportunity Program  
Attn: Ray Uribe/Associated Students Memorial Scholarship  
1600 Holloway Avenue, SSB 201  
San Francisco, CA 94132

## PROCEDURES

- All scholarship applications that are completed by the March 31<sup>st</sup> deadline will be screened by EOP. Those meeting the eligibility requirements will be forwarded to the scholarship committee.
- Students selected to receive the scholarship will be notified by May 15<sup>th</sup> of current year. Students not selected will be notified shortly thereafter.
- The total amount will be awarded for the following academic year, divided equally into the Fall and Spring semester.





# APPLICATION

## PART I

Name: \_\_\_\_\_ SF State ID# (NO SSN): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_

Year in college as of upcoming Fall semester: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Major/Emphasis: \_\_\_\_\_ Minor: \_\_\_\_\_

Career/Professional goal: \_\_\_\_\_

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**PLEASE TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. ATTACH THE APPLICATION WHEN COMPLETED!**

## PART II

How EOP has helped you in your undergraduate studies:

Name of your EOP Advisor and year of admission through EOP at SF State:

Specific list of campus, community, or volunteer organizations you have participated in:

List of academic achievements:

List of employment and/or career experience:

## PART III

In a brief narrative, please discuss your career objectives, any extenuating circumstances (personal academic, or financial) or any other information that you would like to be considered with respect to your scholarship application.

## PART IV

Please submit a Letter of Recommendation (page 3) from an individual who can vouch for your qualifications, character, and abilities (e.g., clergyman, counselor, teacher, or mentor). Submit the Letter of Recommendation form along with the application.

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I understand that if I am selected to receive the Ray Uribe/Associated Students Memorial Scholarship and I am also receiving Federal and/or State financial aid for the current academic year, the scholarship will be coordinated with my other aid. Every attempt will be made by the OSFA to minimize the effect of the scholarship upon my financial aid.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LETTER OF RECOMMENDATION

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_



Please tell us why you believe this student should be awarded the Ray Uribe/Associated Students Memorial Scholarship. In your response, at minimum, please address these areas (Use an additional sheet of paper if necessary):

- Community, civic and/or school involvement of the applicant
- Academic achievement
- Goals the applicant has already achieved or has set for him/herself
- Personal characteristics of the student

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_