

Educational Opportunity Program

2012-2013 Estella Lara/Associated Students Memorial Scholarship

The Estella Lara/Associated Students Memorial Scholarship is being awarded in memory of former EOP Graduate Coordinator/Academic Advisor, Estella Lara. The scholarship has been provided through donations from Estella's family, friends, colleagues, and San Francisco State University's Associated Students donated in her memory. The scholarship will be used to provide financial assistance to entering or continuing San Francisco State University graduate students in a Master's or Credential Program, who are previous EOP students and graduated with their Bachelor's degree from San Francisco State University.

ELIGIBILITY REQUIREMENTS

- Limited to students who are entering or continuing SF State graduate students in a Master's or Credential Program. Applicants must have been previous EOP students who graduated with their Bachelor's degree from SF State.
- Students must have financial need as determined by the Office of Student Financial Aid (OSFA).
- Limited to incoming SF State graduate students with a minimum entering undergraduate GPA of 2.5 or continuing SF State graduate students with a minimum GPA of 3.0 (current SF State transcript must be submitted).
- Students must be enrolled at least half-time (4 units) during the semesters in which they receive their award.
- Submit the following to the EOP office by the scholarship deadline:
 - 1) Completed Estella Lara/Associated Students Memorial Scholarship application (including essay questions and personal narrative)
 - 2) Current transcript (unofficial is acceptable)
 - 3) A letter of recommendation

SUBMISSION DEADLINE

Submit completed applications to the address below. Application deadline is **5:00 PM on Mon, April 2, 2012**. Materials mailed to EOP office must be postmarked by April 2, 2012.

San Francisco State University
Educational Opportunity Program
Attn: Estella Lara/ AS Memorial Scholarship
1600 Holloway Avenue, SSB 201
San Francisco, CA 94132

Applicants will be notified of committee's decision via e-mail. Scholarship recipient(s) will also receive an award letter sent to the address indicated on the application.

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PART I

Name: _____ SF State ID# (NO SSN): _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ E-mail: _____

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

Major/Emphasis: _____ Minor: _____ Career/Professional goal: _____

I understand that if I am selected to receive the Estella Lara/AS Memorial Scholarship and also receiving Federal and/or State financial aid for the 2012-2013 academic year, the scholarship will be coordinated with my other aid. Every attempt will be made by OSFA to minimize the effect of the scholarship on my financial aid. I also understand that, if chosen, I must write a thank you letter to the donors for their contribution towards my education.

Student's Signature: _____ Date: _____

PART II

Type the answers to the following questions on a separate sheet of paper and attach to application.

How has EOP 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 1-2 page essay, 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., clergyperson, counselor, teacher, or mentor). Submit the Letter of Recommendation form along with the application.

APPLICATION CHECK LIST

- Application page with part I completed. Please make sure that everything is legibly written!
- Answers to all questions in part II
- 1-2 page essay (part III)
- Current transcript (unofficial acceptable)
- Letter of recommendation form completed (part IV)

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LETTER OF RECOMMENDATION FORM

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/AS 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: _____