

# 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
  - 2) Current transcript (unofficial is acceptable)
  - 3) A letter of recommendation

## SCHOLARSHIP DEADLINE

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

## SUBMIT TO

Educational Opportunity Program  
Attn: Estella Lara/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 the 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: \_\_\_\_\_ 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 Estella Lara/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 Estella Lara/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: \_\_\_\_\_