

# Educational Opportunity Program

## 2012-2013 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.

### 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.
- 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/AS Memorial Scholarship Application (including essay questions and personal narrative)
  - 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

### SUBMISSION DEADLINE

Submit completed applications to the address below. Application deadline is **5:00 PM on Fri, April 20, 2012**. Materials mailed to EOP office must be postmarked by April 20, 2012.

San Francisco State University  
Educational Opportunity Program  
Attn: Ray Uribe/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 Ray Uribe/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., clergy person, 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: \_\_\_\_\_