

# U.P.S.E.S Inc. Scholarship Scholarship Application

The U.P.S.E.S Inc. is a non-profit organization composed of persons of Portuguese descent and family members. Among its purposes is that of furthering the education and encouraging the continuation of the Portuguese traditional heritage and culture in the Portuguese community of San Diego. The U.P.S.E.S Inc. has organized a scholarship to assist qualified applicants in pursuing a higher education.

## **Scholarship Available**

A \$1000.00 scholarship will be awarded to a selected qualified candidate

## **Eligibility Requirements**

Applicant must be in pursuit of further education, enrolled or accepted in one of the following:

- Four year University
- Community College
- Graduate program
- Post graduate program
- Technical or vocational career education program

Grade Point Average (GPA) must be 3.0 or 2.0 with a documented learning disability

Applicant must be of Portuguese descent and reside in San Diego County

Applicant must complete 30 hours of community service with the U.P.S.E.S Inc. during the year of application; service may include volunteering at U.P.S.E.S fundraisers, Bingo, U.P.S.E.S hall functions or approved Point Loma community events supported by U.P.S.E.S.

Letter of acceptance or proof of enrollment

Applicant must submit a completed application postmarked by May 15th.

## **Selection Criteria**

Scholastic Achievements/Academic Merit

Involvement in the Portuguese community of San Diego County

Activity record, community service, leadership and character

Personal Statements

Letters of recommendation

Essay on the Portuguese-American Community of San Diego and what it means to you

Essay on what you plan to do with your future education and life time goals

## **Application Process**

Complete application packet must be postmarked by May 1st Completed application must include the following:

- Completed Application form
- Proof of GPA
- Proof of acceptance or enrollment
- Two letters of recommendation

## **Notification of Award**

Only those applicants who are awarded a scholarship will be notified

## **Disbursement of Scholarship funds:**

Recipients must provide the committee with the name and address of the College/University they will be attending. Payment of scholarship awarded will be made directly to the institution specified by the scholarship recipient. Disbursement will be made prior to starting date provided or no later than the U.P.S.E.S annual Contas meeting.

PLEASE ENSURE SURE THE FOLLOWING IS ATTACHED PRIOR TO MAILING:

- BACKGROUND INFORMATION
- ACTIVITY RECORD
- PERSONAL STATEMENT
- PORTUGUESE COMMUNITY ESSAY
- RECOMMENDATION LETTER INFORMATION
- PROOF OF GPA
- PROOF OF ACCEPTANCE/PROOF OF ENROLLMENT
- If the applicant is applying under the learning disability criteria, the applicant must provide proof of their learning disability from a qualified professional in the applicable field.

## Background Information

Applicant name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a permanent resident of the United States? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

### Parent Information:

Father's name: \_\_\_\_\_ Is  
your father of Portuguese Descent? Yes \_\_\_ No \_\_\_

Mother's name: \_\_\_\_\_  
Is your Mother of Portuguese Descent? Yes \_\_\_ No \_\_\_

*I certify that the information provided above is true and correct to the best of my knowledge. If the information is incorrect, the applicant with forfeit his/her scholarship if granted.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Activity Record

Summarize your principal activities and extracurricular interests, including leadership positions held:

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Summarize your community service:

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List any awards or honors you have received from school, community or other agencies:

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Summarize your service to and involvement in the San Diego Portuguese Community:

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List your employment experience:

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*I certify that the information provided above is true and correct to the best of my knowledge. If the information is incorrect, the applicant will forfeit his/her scholarship if granted.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Letters of Recommendation

Two letters of recommendation must be submitted on behalf of the applicant. The letters should include the applicant's achievements, activity record, leadership and character.

Names of individuals completing letter of recommendation:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Capacity that the applicant knows the individual completing the letter of recommendation?

\_\_\_\_\_

Length of time the applicant has known the individual? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Capacity that the applicant knows the individual completing the letter of recommendation?

\_\_\_\_\_

Length of time the applicant has known the individual? \_\_\_\_\_

*I certify that the information provided above is true and correct to the best of my knowledge. If the information is incorrect, the applicant with forfeit his/her scholarship if granted.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_