



P.O. Box 17373

website: www.elcincodemayo.org

Colorado Springs, CO 80935-7373

**Robert L. "Bob" Armendariz Scholarship*

INSTRUCTIONS FOR 2024-2025 SCHOLARSHIP APPLICATION

Illegible or incomplete information will disqualify your application.

1. Requirements to qualify for the Robert L. "Bob" Armendariz Scholarship

- a. **Must** fall within the definition of "underserved" (someone who does not have the financial resources and/or has inadequate support, guidance, assistance and/or would be the first in their family to attend/graduate from college; and/or who is facing adversity in life due to their socio-economic situation).
- b. **Must** Plan to (or currently) attend a higher education institution within the **State of Colorado**
- c. Have a cumulative grade point average of 2.8 or better
- d. Be a **full-time** Undergraduate or Graduate Student
- e. *If selected as a finalist*, must be available to participate in personal interview, (date to be announced)
- f. *If selected as a recipient*, **must** provide a head shot photo for journal, website, and advertising
- g. *If selected as a recipient*, **must** provide update on academic year's progress
- h. *If selected as a recipient*, **must** volunteer with El Cinco de Mayo Inc for a minimum of 10 hours for the academic year they are selected.
- i. *If selected as a recipient*, **must** attend 2 MANDATORY Recognition events (May 4 and July 30).

2. Applications must be submitted by mail and meet deadline date

Collate into sets 4 copies and the ORIGINAL for each of the following (total of 5 SETS):

- a. Scholarship Application
- b. Personal Essay. **MUST** include ~**Statement and background about self** ~**Future Goals** ~**Indicate what "honor and commitment" mean to you** ~**How important is your cultural background, and why?**
(Must be typed with 12 pt. font – ½" margins, single spaced and limit to 1 page)
- c. 1 Page Personal Resume (should include school activities, community service, sports activities, and employment, if applicable (employment, most current only))
- d. 2 Letters of Recommendation (must be different from previously submitted, if applicable)
- e. 1 (one) **official** SEALED transcript (no copies needed) **and included in application packet Or** Institution may email transcript to elcincocos@gmail.com
- f. Must be postmarked no later than **Friday, March 1, 2024**. **Plan ahead!** Transcripts can take up to 2 weeks or more, to process

3. Mail to:

El Cinco de Mayo, Inc.

ATTN: Scholarship Committee

P.O. Box 17373

Colorado Springs, CO 80935-7373

For Questions please contact us at: elcincocos@gmail.com

4. Scholarship package includes:

Page 1 – Instructions; Page 2 - Check off list for your use; Page 3 & 4 - Application.



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Robert L. "Bob" Armendariz Scholarship
2024-2025 Scholarship Application Check-Off List

Please use the list below to check off items as you have completed them for your application packet. Please collate into completed **application sets for 5 committee members, NOT individual item sets. Incomplete applications will not be considered.**

1. Transcript - 1 *Official* Sealed (included in application packet or institution may email to elcincocos@gmail.com)
2. Application - 4 copies plus original (5 total)
3. Personal essay - 4 copies plus original (5 total)
4. One-page Resume - 4 copies plus original (5 total)
5. Two Letters of Recommendation - 4 copies plus original (5 total)

Incomplete information will disqualify your application.

Mail to "El Cinco de Mayo, Inc., PO Box 17373 – Colorado Springs, CO 80935-7373".

Must be postmarked no later than midnight **Friday, March 1, 2024. Plan ahead! Transcripts may take up to 2 weeks or more to process.**

Reminders:

Applicant agrees to fill out a survey provided by El Cinco de Mayo, Inc., scholarship committee, at the end of the 2024-2025 academic year to update Committee on progress made by student;

Applicant agrees to provide photo (**head shot only**) for journal and website, if selected;

Applicant agrees to volunteer with El Cinco de Mayo Inc., for a minimum of 10 hours for the academic year they are selected as recipients;

Applicant agrees to be recognized publicly through print or media, by El Cinco de Mayo, Inc., as a scholarship recipient;

Applicant agrees to attend 2 **MANDATORY** Annual Cinco de Mayo events (May 4 and July 30).

Applicant agrees to notify El Cinco de Mayo, Inc., immediately following **any changes** to recipient's **full-time** student status as indicated on student's application. Failure to do so could result in repayment of scholarship to El Cinco de Mayo, Inc.,



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Robert L. "Bob" Armendariz Scholarship
2024-2025 Scholarship Application

PERSONAL

Name:

_____ *Last* _____ *First* _____ *MI*

College/University

Student I.D. # (if applicable)

Home/Mailing Address:

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip*

Telephone #:

(both are required)

_____ *Cell #*

_____ *Another phone #*

Email Address:

El Paso County Resident

_____ *Yes*

_____ *No*

EDUCATION

Current **Cumulative** GPA:

Major:

Attending School:

_____ *Full Time*

_____ *Part Time*

College Status:

_____ *Freshman*

_____ *Sophomore*

_____ *Junior*

_____ *Senior*

Name of Institution you are (or will be) attending:

_____ *Name*

_____ *Telephone #*

_____ *Address*

_____ *City*

_____ *State*

_____ *Zip*

High School Graduated from, or GED

_____ *Dates Attended*

_____ *Name*

_____ *Graduation Date*

_____ *(City/State)*



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EMPLOYMENT HISTORY:

Current Employer:

Name	Address	Dates
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OTHER:

Family Income: ___Below \$40,000 ___\$40,001-\$55,000 ___\$55,001-\$70,000 ___Above \$70,001

Scholarships are awarded by check made out to the institution with the student's name in the memo portion.

Checks cannot be deposited into student's personal account and must be taken to and deposited by the College/University.

Have you received a Robert L. "Bob" Armendariz Scholarship in the past?

(Not a factor for receiving one this year – informational only)

Yes ___ No ___ If Yes –year(s) awarded: _____

Do you agree to be recognized publicly through print or media, by El Cinco de Mayo, Inc., as a scholarship recipient?

Yes No

Do you agree to attend and be recognized at 2 mandatory annual Recognition events (May 4 and July 30).

Yes No

Do you agree to submit a photo (head shot only) if selected?

Yes No

Do you agree to volunteer with El Cinco de Mayo Inc for a minimum of 10 hours for the academic year you are selected as a recipient?

Yes No

Do you agree to provide an update on academic progress at the end of the 2024-2025 academic year?

Yes No

Do you agree to notify El Cinco de Mayo, Inc., **immediately** if any changes occur to your full-time student status?

Yes No

Failure to comply with these requirements could result in forfeiture of your scholarship, disqualify you from further consideration of scholarship awards and/or repayment of scholarship award to El Cinco de Mayo, Inc.

If selected as a recipient, further contact information on your parent(s) or spouse may be requested if recipient would like to invite them to the events (optional).

By signing below, I agree to these terms.

Student Signature

Print Name

Date