WICHITA
AMIGOS de SER
SCHOLARSHIP
PROGRAM

2010 - 2011
WICHITA AMIGOS de SER

The Wichita "Amigos de SER" is an organization of business and professional people working together to help the Kansas SER Corporation carry out its mission of training and job placement for the socially, economically and academically disadvantaged. The organization was founded in 1975.

As a result of fund-raising activities and donations from community businesses and organizations, a scholarship fund has been established by the Wichita Amigos de SER. College scholarships are awarded to deserving Hispanic students.

ELIGIBILITY

The Amigos de SER Scholarship Program is open to all Hispanics students (with at least one parent being of Hispanics parentage), who have maintained at least a 2.75 (B-) cumulative grade point average (first time applicants must have a 3.0 GPA), have applied for full-time status as a student at an accredited college, university or junior college, and meet all admission requirements of the school selected.

AWARDS

Awards of $500 to $1,000 each will be granted for study leading to an associate or baccalaureate degree. Scholarship awards will be paid in two equal installments in the form of a check made payable to the school on or about August 1st, and the second installment will be mailed on or about December 15th of the same year. Awards may be used to pay for tuition, required fees, books, and other related educational expenses.

Awards are renewable for up to three years or until educational requirements are met, whichever comes first. All eligible scholarship recipients MUST complete the application process EACH YEAR to be considered for renewal of the award. Students attending WSU automatically receive matching funds.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of Academic record, leadership and participation in school and community activities, honors, work experience, statement of educational and career goals, unusual personal or family circumstances, and a recommendation.

The scholarship committee will review all applications and recommend recipients to the Amigos de SER board of directors for approval by March 31st. Recipients will be notified of their selection following approval.

OBLIGATIONS

IT WILL BE MANDATORY THAT RECIPIENTS ATTEND THE ANNUAL SCHOLARSHIP BANQUET. STUDENTS NOT ATTENDING WILL FORFEIT SCHOLARSHIP FUNDS AWARDED TO THAT INDIVIDUAL.

Recipients are required to notify the committee of changes of address, school enrollment or other relevant information, prior to the installment mail date and in writing.
REVISIONS

Wichita Amigos de SER reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the scholarship program. Previously approved scholarship awards will not be affected by any subsequent changes to the program.

APPLICATION PROCEDURE

Students who meet the eligibility requirements described in this brochure may apply for a scholarship award (or renewal award) by:

1. Completing and signing the enclosed scholarship application.

2. Completing a brief narrative as requested in the application.

3. Furnishing a recommendation letter to the Committee from a school counselor, teacher, or other individual with first-hand knowledge of the applicant’s school or community involvement, leadership, academic achievements/honors, or other information on the application’s behalf relevant to the selection process.

4. Obtaining an official copy of their transcript.

5. Mailing 1 through 4 above to the Amigo de SER Scholarship Committee, postmarked no later than February 28th, to the address below.

Applicants are responsible for gathering and submitting all necessary information supplied; therefore it is important to answer all questions as completely as possible. All information received by the committee is considered confidential.

Applications for the scholarship awards and questions regarding the program should be addressed to:

Amigos de SER Scholarship Committee C/O SER Corporation
1020 N. Main, Suite D
Wichita, Kansas 67203
Amigos de SER
SCHOLARSHIP APPLICATION
Type or print all information except signature.

APPLICATION FOR: Academic Year (fall and spring) 2010 – 2011

1. ___________________________ 2. ___________________________
   Last Name                First                    Social Security No.
   MI

3. ___________________________
   Street                    City ( ) Phone No.

   ___________________________
   State                    Zip

4. Birth Date _____________ 5. Male  Female

6. Hispanic American Background: At least one parent must be of Hispanic parentage. Indicate the ethnic origin of your father and/or mother who are of Hispanic parentage.
   □ Mexican American       □ Caribbean (Hispanic) □ Puerto Rican
   □ Central American       □ Cuban            □ South American

7. □ Permanent Resident    □ U.S. Citizen

8. Check present student classification:
   □ High School Senior    □ College Freshman □ Sophomore    □ Junior    □ Senior

FOR APPLICANTS WITHOUT COLLEGE CREDITS

a. High School(s) Attended ____________________________

   Address: ___________________________
   Street                        City
   ___________________________
   State                        Zip
   High School grade point average: ____________

   College(s) applying to: ____________________________
   City/State:
   ____________________________
   Area of concentration: __________________________________

   Have an official high school transcript sent to the scholarship committee

FOR APPLICANTS WITH COLLEGE CREDITS

b. College Attending: ____________________________

   Address: ____________________________
   Street                          City
   ____________________________
   State                        Zip
   College grade point average: ____________
   Enclose college transcript.
9. A. How many college credit hours will you enroll in for next semester? 
B. How many college credit hours did you earn last semester? 
C. Total college credit hours earned to date: 

10. Have you received this scholarship previously? Year? 
   a. What other college scholarships have you received or are now receiving? 

11. Personal statement:
    Please enclose with this application a one to two page typed personal statement in which you must address the following:
    1) Hispanic parentage and family background; 2) financial need for this scholarship; 3) current higher education status;
    4) educational and career goals, and; 5) how you plan to help the community in helping others like yourself in the future.
    In addition, comments on your achievements and any other information relevant to this application would be welcomed.
    This statement is one of the two most important selection criteria and is the equivalent of an interview. Accordingly, it should be addressed solely to the Scholarship Committee.

12. Parent's Name: Phone: 

13. Parent's Address: 
   Street   City   State   Zip

14. Your parents' marital status

15. Mother's Occupation: 
   Place of Employment:

16. Father's Occupation: 
   Place of Employment: 
   Number of your parents' children (include yourself) 
   Number of the above children in college (include yourself) 

17. RANGE OF FAMILY INCOME
   - $10,000.00 - $25,000.00
   - $25,000.00 - $35,000.00
   - $35,000.00 - $50,000.00
   - $50,000.00 or more
   Are there any unusual circumstances that should be considered? 

18. Information about you:
   (Answer only if married or have dependent children):
   Your marital status
   Number of dependent children
   Number of above dependent children in college
   Your spouse's occupation total annual income
19. Please enclose a photo suitable for a press release. Indicate names, addresses, phone and fax numbers of hometown/college newspapers.

20. Furnish a letter of recommendation to the Committee from a school counselor, teacher, or other individual who has firsthand knowledge of your school or community involvement, leadership, academic achievement, honors or other information relevant to the selection process.

Return this application, transcript(s) or grades, and letter of recommendation to:

**POSTMARK DEADLINE: FEBRUARY 28TH**

Amigos de SER Scholarship Committee
c/o Kansas SER Corporation
1020 N. Main Suite D
Wichita, KS 67203

I hereby certify that all statements contained on this application are true and give the Amigos de SER Scholarship Committee the right to contact those schools, companies, or individuals named on the application for verification. I hereby release said persons from any liability for damages resulting from information furnished due to such inquiry. I understand that false information provided on this application may be grounds for rejection of this application. I also understand that failure to complete this application in its entirety will disqualify me from consideration.

Applicant's Signature

Date

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