

**U.P.S.E.S. Inc. Scholarship
2008 Scholarship Application
For Qualified High School Graduates**

The U.P.S.E.S Inc. (“Organization”) is a non-profit organization composed of persons of Portuguese descent and family members. Among its purposes is that of furthering the education and welfare of persons of Portuguese descent and of 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 Committee (“Committee”) to assist qualified applicants in pursuing a higher education.

Scholarships Available

The scholarship program is a four-year program. Once a candidate has received a scholarship, he/she will continue to receive that scholarship for another three years, for a total award over a four-year period (assuming the candidate remains eligible in future years). The annual amount available to new candidates is \$5,000, to be divided up by a maximum of four qualified candidates, with each candidate receiving a minimum of \$1,000 (unless that candidates chooses a junior college for his/her first two years). See examples below:

<u>Scholarship Grant Examples</u>				
	2008		2009 {b}	2010 {b}
Candidate 1 {4y}	\$ 1,000		\$ 1,000	\$ 1,000
Candidate 2 {4y}	\$ 1,000		\$ 1,000	\$ 1,000
Candidate 3 {4y}	\$ 3,000		\$ 3,000	\$ 3,000
Candidate 4 {4y}			\$ 2,500	\$ 2,500
Candidate 5 {4y}			\$ 2,500	\$ 2,500
Candidate 6 {2y}				\$ 500 {a}
Candidate 7 {4y}				\$ 1,000
Candidate 8 {4y}				\$ 1,000
Total	\$ 5,000		\$ 10,000	\$ 12,500

Legend
4y - assumes candidate choose four-year institute.
2y – assumes candidate chooses two-year institute.

Notes
{a} Student chooses two-year college, was granted \$2,500, \$2,000 will be deferred to year three.
{b} Assumes previous candidates remain eligible for continuing grants.

Eligibility Requirements

- Applicant must be a member of the high school graduating class of the year 2008.
- Grade point average criteria
 - Applicant must have a minimum grade point average of 3.25 (2.50 if applicant has a documented learning disability)
 - For continuing students to remain eligible must maintain a grade point average of 3.00 (2.50 if applicant has a documented learning disability). Student must volunteer 30 hours of service, every year, to the UPSES, Inc. under the direction of the Scholarship Committee.
- Applicant must be of Portuguese descent and reside in San Diego County.
- Applicant must be accepted to a two-year or four-year institute.
- Applicant must submit a completed application postmarked by July 15, 2008.

Selection Criteria

- Scholastic achievements/Academic merit
- Involvement in the Portuguese community of San Diego
- Activity record, community service, leadership and character
- Personal statements
- Letters of Recommendation
- Essay about the Portuguese-American community of San Diego and what it means to you.
- Essay about what you plan to do with your future education and lifetime goals.

Application Process:

Complete application packets must be postmarked by July 15, 2008, and mailed to:

U.P.S.E.S. Inc.
Attn: Scholarship Committee
2818 Avenida de Portugal
San Diego, CA 92106

A complete application packet will include the following items:

- The completed Application Form
- The Applicant's sealed official high school transcript
- A letter of the Applicant's acceptance to a two-year or four-year college or university.
- Two letters of recommendations must be submitted on the Applicant's behalf. The individuals completing the recommendation letters should submit the letters of recommendation to the Scholarship Committee. Both letters of recommendation must be postmarked by July 15, 2008.

**TO RECEIVE FULL CONSIDERATION FOR THE SCHOLARSHIPS,
APPLICANTS MUST SUBMIT A COMPLETE APPLICATION PACKAGE
WITH A POSTMARK NO LATER THAN JULY 15, 2008.**

Notice of Receipt of Application:

If you wish to be notified that the Committee has received your application, please attach a stamped, self-addressed postcard to your application.

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 scholarships awarded will be made directly to the institution specified by the scholarship recipient. Such disbursement will be made during the first quarter or semester of his/her first year of college.

**PLEASE MAKE SURE THE FOLLOWING IS ATTACHED PRIOR TO
MAILING PACKAGE:**

- Section 1: Background Information
- Section 2: Activity Record
- Section 3: Personal Statement Essay
- Section 4: Portuguese Community Essay
- Section 5: Recommendation Letters Information
- Sealed High School Transcript
- Letter of acceptance from college applicant is planning to attend
- If the applicant applying under the learning disability criteria, the applicant must provide written proof of their learning disability from a qualified professional in applicable field for the applicant's learning disability.

SECTION 1: BACKGROUND INFORMATION (please print clearly or type)

Applicant's name: [Last] _____ [First] _____ [Middle] _____
Social Security Number _____ Date of Birth _____
Are you a citizen or permanent resident of the United States? Yes _____ No _____

Home Address:

Street Address: _____

City: _____ State _____ Zip Code _____

Mailing Address (if different from above):

Street Address: _____

City: _____ State _____ Zip Code _____

Parent's 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 will forfeit his/her scholarship granted, if any.

Applicant's Printed Name: _____
Applicant's Signature: _____ **Date:** _____

SECTION 2: Activity Record

A. Summarize your principal activities and extracurricular interests during high school, including any leadership positions held. Also, identify by name and title, and provide a daytime phone number of an individual (or individuals) that can verify your activity record. *(You may use additional sheets if necessary, please label and attach):*

B. Summarize your community service. Also, identify by name and title, and provide the daytime phone of an individual (or individuals) that can verify your community service. *(You may use additional sheets if necessary, please label and attach):*

C. List any and all awards or honors you have received from your high school, community, or a public or private entity or agency. *(You may use additional sheets if necessary, please label and attach):*

D. Summarize your service to and involvement in the San Diego Portuguese Community. *(You may use additional sheets if necessary, please label and attach):*

E. List your current and prior employment experience. *(You may use additional sheets if necessary, please label and attach):*

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 granted, if any.

Applicant's Printed Name: _____ **Date:** _____
Applicant's Signature: _____

SECTION 5: Recommendation Letters

Two letters of recommendation must be submitted on behalf of each Applicant. One of the letters of recommendation must be from a school representative such as a counselor, teacher, administrator, etc., and discuss the Applicant's scholastic achievements, school activity record, and/or character. The individuals completing the recommendation letters should send their letters of recommendation directly to the Committee at the address provided on page 2. Recommendation letters must be postmarked no later than August 20, 2008.

Identify below the two individuals you have requested to submit recommendations on your behalf.

1) Name _____ Title _____
Address _____
Daytime telephone number: _____

In what capacity does the Applicant know the individual completing the letter of recommendation?

How long has the Applicant know the individual? Months _____ Years _____

2) Name _____ Title _____
Address _____
Daytime telephone number: _____

In what capacity does the Applicant know the individual completing the letter of recommendation?

How long has the Applicant know the individual? Months _____ Years _____

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 granted, if any.

Applicant's Printed Name: _____

Applicant's Signature: _____ **Date:** _____