APPLICATION FOR Martin Family "Paving a Pathway" Scholarship

Please attach this cover page to all attachments to your Scholarship Application. To be completed by prospective Scholarship recipient: **Please type or print <u>legibly</u> to assure accuracy.**

SECTION I—PERSONAL INFORMATION AND INTERESTS

Applicant's Name: (Last)	(First)	(Initial)
Mailing Address:		
City	StateZip	
Phone #:	Email address:	
Age:Date of Birt	h://	
Youth Advocate Name:		
Youth Advocate Phone	#:	
Present School & Addre	SS:	
Did you work this past s If yes, where did you zip code)		No ny, supervisor and phone number (including
	working? Yes w many hours per week a	No are you working?

SECTION II: GETTING TO KNOW YOU

1.	What are	your career interest	and goals and	vour plans to	achieve them?
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2. What has influenced your decision to pursue higher education?

3. What are your goals or aspirations?

4. List interests, hobbies or skills that you possess:

SECTION III: LPYS YOUTH ADVOCATE (if applicable)

Who is your Youth Advocate who recommended you apply for this Scholarship?

Youth Advocate Name:							
Youth Advocate Title:							
Youth Advocate Email:							
Youth Advocate Circuit/Agency:							
Youth Advocate Address:							
State Zip_		Phone:)				

- Please attach a letter of recommendation from your LPYS Youth Advocate.
- Letter attached () Yes No

SECTION VI —FINANCIAL INFORMATION

The Paving a Pathway Scholarship is intended to award a total of \$10,000 over the course of the time spent at the student's choice of institution for higher learning, up to four (4) years. The recipient will be expected to provide a verbal or written update to the Martin Family after each year of completion explaining the obstacles they've endured and how they plan to address them in order to continue to receive the full award amount. The award provided each year will be determined by the Martin Family.

The scholarship is awarded upon proof that the student is enrolled in an institution of higher learning (community college, trade/technical/vocational school or university), and payment shall be made directly to the institution. Please inquire with your LPYS Youth Advocate or DEF Executive Director for examples of technical/vocational schools.

All Applicants please read the following prior to signing:

To the best of my knowledge, I have provided the Durango Education Foundation full and truthful information concerning all questions on this application. I agree to report to the Durango Education Foundation any factors (such as change of address, change of school status, change of marital status, change of income, etc.) which could affect consideration of my application. I understand that failure to provide true and complete information could result in withdrawal of all financial assistance and billing for all awards previously made by the Durango Education Foundation.

Applicant Signature

Date

Print name

If a minor (17 years old or younger):

Guardian/Parent Signature

Date

Print Name