

Vista Dios Foundation

Living in God's View

Scholarship Grant Application - Post Secondary

INSTITUTION INFORMATION:

Name of Institution: _____

Address: _____

Phone #: _____

Contact Person: _____

Phone #: _____

Name of prospective recipient: _____

Criteria used to select recipient (teacher recommendations, proven academics, financial need, etc.): _____

Scholarship Grant request: _____

Please attach a detailed discussion of why this prospective recipient was chosen by the institution for consideration for this Scholarship Grant.

The Institution and prospective recipient must submit the applicable Scholarship Grant Applications and all requested information by the deadline below for consideration by the Foundation.

This application should be completed and returned (by postmark date) by: March 31, to the attention of :

**Carol Hendrix
P.O. Box 395
Ector, Texas 75439**

vistadiosfoundation.org

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STUDENT INFORMATION:

Name: _____

Address: _____

Daytime Phone #: _____

Parents/Guardians with whom Scholarship Grant recipient lives: _____

Number and ages of dependents in recipient's household excluding parents/guardians: _____

Number of family members in college next year (including recipient): _____

Intended Educational Institution: _____

Intended Major/Course Work: _____

Intended Career: _____

If available: ACT Score/Date: _____, SAT Score/Date: _____, Rank in class: _____ of _____

Please attach a resume' showing Scholarship Grant recipient's educational history, work history, civic activities, and any other information you believe that the Foundation should consider.

The recipient must submit an autobiography (suggested : two pages, typed), including information about the recipient's life, family, community and financial need. Recipient must offer insight as to why they should be awarded the Scholarship Grant.

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