

Unión Española Returning Scholarship Application

Student Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Student Cell: _____

Email: _____

Current School: _____ Cumulative GPA: _____

Name of school you plan to attend: _____

Are you a member of the Unión Española? _____ Yes _____ No

Name of Parents or Grandparents that are members of the Unión Española:

Signature of Member: _____

Return Completed Package to:

Unión Española
Attn: Scholarship Committee
2850 Alemany Blvd
San Francisco, CA 94112

Or submit the completed application package to union.espanola1923@gmail.com

Please remember to provide the following in your packet:

- 1) This application form
- 2) College Transcript (may be unofficial)
- 3) Demonstrate enrollment for the upcoming school year

All winners will be notified by mail.