



THE BECA FOUNDATION, INC.

**P.O. BOX 936
ESCONDIDO, CA 92033
(760) 741-8246**

scholarship@becafoundation.org

A Nonprofit Latino Scholarship Foundation

MISSION STATEMENT

The BECA Foundation encourages and empowers aspiring Latino students to pursue higher education through financial and moral support.

VISION STATEMENT

THE BECA Foundation:

- Will decrease the drop-out rate among Latino students
- Will increase the number of Latino Professionals in the community
- Will make the "Possible Dream" of higher education a reality for Latino students
- Will become financially self-reliant

Eligibility Requirements

- Eligibility requires an applicant to be entering the Medical/Health Care profession i.e.; dental/medical assistant, nursing, physical therapist, or seeking their Bachelor of Science, Master's or Doctorate in the health field.
- Applicants must be living or attending a high school or college in San Diego County at the time of application.
- Eligibility is contingent upon a student's financial need, scholastic determination, and community/cultural awareness.
- Scholarships range between \$500 to \$2,000 per academic year. Scholarship recipients may re-apply contingent on scholastic progress.

Application Materials

Please ensure that you provide all the items below. Final candidates will be asked to come in for a formal interview and based upon final evaluation recipients will be chosen and notified.

- Application:** Complete application in full.
- Letters of Recommendation:** Please attach two letters of recommendation written within the past year. Recommendation letters should be from a high school official, teacher, or any other community individual (other than family member) who has known you for at least two years. Each letter should be addressed to the BECA Foundation, and should include specific comments on your leadership abilities, your future potential, and other factors contributing to your community involvement.

- **Personal Statement (maximum 250 words):** A one-page personal statement that covers all of the following:
 - a. describe your community involvement, i.e. as volunteer work, or involvement in school or community organizations;
 - b. discuss how you plan to utilize your education to contribute to the community;
 - c. reflect on how you chose your career goal (i.e. being a doctor, teacher, etc.);
 - d. and explain how you will further the goals of the BECA foundation upon completion of your education (focus on one of our vision statements).

- **Transcript:** Please mail an official copy of your high school or college transcript to The BECA Foundation, Inc., P.O. Box 936, Escondido, CA 92033.

- **Financial Information:** Provide a copy of the FAFSA Student Aid Report (SAR) **OR** complete Financial Information (section B) on application.

Instructions

1. Application, letters of recommendation and personal statement must be sent as word documents via email to scholarship@becafoundation.org by **March 2, 2012**.

2. Save each file with your last name, first name and document name. See examples.
 - a. Application – Save as “LastnameFirstnameApplication”
 - b. Personal Statement – Save as “LastnameFirstnameEssay”
 - c. Letter of Recommendation – Save as “LastnameFirstnameRecommendation1”
 - d. Letter of Recommendation – Save as “LastnameFirstnameRecommendation2”

3. Letters of recommendations can be sent via email with your application and personal statement by you **OR** your teacher/counselor (whoever is writing your letter of recommendation) can send directly to scholarship@becafoundation.org by **March 2, 2012**. Save letter of recommendation as “LastnameFirstnameRecommendation”.

4. Official transcript must be received (not postmarked) by **March 2, 2012**. Official transcript must be mailed to:
 - The BECA Foundation, Inc
 - P.O. Box 936
 - Escondido, CA 92033

5. Submit an electronic copy of your Student Aid Report (SAR) to scholarship@becafoundation.org or complete the financial information (section B) on application.

**ALL ELIGIBLE CANDIDATES WILL BE INTERVIEWED.
¡BUENA SUERTE!**

THE BECA FOUNDATION, INC.
Alice Newell Joslyn Medical Scholarship application

THE APPLICATION DEADLINE IS **MARCH 2, 2012**. APPLICATION FORMS, INCLUDING THE REQUIRED ESSAY, WILL NOT BE PROCESSED IF RECEIVED BY THE BECA FOUNDATION AFTER THIS DATE. Your application must be complete and accurate.

A. General Information

Last Name _____ First Name _____

Birth Date _____ Social Security Number (optional) _____

Permanent Address _____

Home Telephone _____ Cell phone _____

E-Mail Address _____

High School Name _____ City _____

Graduation Date _____ GPA _____

Colleges you have applied to for admission for fall 2011 in order of preference:

1. _____ 2. _____ 3. _____

Planned Major _____ **Planned Degree** _____

Family's Birthplace and Ethnic Origin:

	Name	Birthplace	Ethnic Origin
Mother			
Father			

B. Financial Information

Student Financial Profile: Either a copy of your 2012-2013 Federal Student Aid Report (if you have completed a FAFSA/SAR), or completion of the questions below is required in order for BECA to process your scholarship application.

Please Mark One

- a. _____ I am submitting my FAFSA/SAR with my application packet,
OR
b. _____ I am completing the financial information below.

Information about you (Scholarship Applicant, if applicable)

Your 2011 total taxable income	\$
Your 2011 U.S. income tax paid	\$
Your 2011 total untaxed income (e.g., AFDC, Social Security)	\$
Your total cash, savings and checking account	\$
Your total other assets (e.g., stocks, bonds, trust funds, real estate equity and other investments)	\$

All applicants who were born before January 1, 1989 must complete the following two questions

Number in your household	
Number of college students in your household projected for fall 2012 (include yourself)	

Information about your parent(s). MUST BE COMPLETELY FILLED

Father's/Stepfather's/Guardian's occupation	
Mother's/Stepmother's/Guardian's occupation	

All applicants who were born on or after January 1, 1989 MUST COMPLETE parental financial information below:

Parent(s)/Stepparent(s) 2011 total taxable income	\$
Parent(s)/Stepparent(s) 2011 U.S. income tax paid	\$
Parent(s)/Stepparent(s) 2011 total untaxed income (e.g., AFDC, Social Security, child support)	\$
Parent(s)/Stepparent(s) total cash , savings and checking account	\$
Parent(s)/Stepparent(s) real estate equity (do not include principal residence where you live)	\$
Parent(s)/Stepparent(s) other assets (e.g., stocks, bonds, trust funds, other investments)	\$
If parents own a business, business value	\$
If parents own a business, business debt	\$
Number in your parent's household	\$
Number of college students in household projected for fall 2012 (include yourself but not your parents)	\$

If there is anything significant about your family's financial circumstance that is not reflected in your prior responses (e.g., high uninsured medical expenses, changed income in 2011), please comment below. Be specific.

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Certification: I certify that all of the information provided in this application is true and complete to the best of my knowledge. If asked, I agree to give proof of the information I have provided on this form.

Print Your Name		Date	
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Parent Name		Date	
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