ABEL J. GONZALES SCHOLARSHIP FOUNDATION

Students that apply for this scholarship must be a senior student attending classes at Denver City High School. All senior students are eligible.

Deadline for applications: Postmark due date: April 4	
Name:	
Name of High School:	
Student's Mailing Address:	
Telephone Number:	
Name of College/School That You Plan to Attend:	
Proposed College Major:	SAT/ACT Score:
Please list any extracurricular activities, social activities, while you were in high school.	or honors you participated in or received
Please list any volunteer activities that you participated i were in high school.	in to help serve the community while you

List jobs held during your high school career:	
List two references (Name, Phone	Number and/or E-mail address):
Please pick the following essay top	ic:
1- Who has been your most s	•
2- What are your academic o	•
3- How will this scholarship i	nake a difference for you?
Your essay should be 500 words or	r less.
By signing this application, you wi scholarship consideration.	ll permit your academic record to be reviewed for the purpose of
Signature:	Date:
Postmark Due Date: April 4	
Mail Application and Essay to:	Abel J. Gonzales Scholarship Foundation
	920 N. Avenue D Denver City, TX 79323
	Or E-mail it to: abel_gonzales77@yahoo.com