



Filipino American Scholarship Foundation & Outreach Services, Inc.
SCHOLARSHIP APPLICATION

Thank you for your interest in applying for our student scholarship sponsored by its members of the Filipino American Scholarship Foundation & Outreach Services (FASFOS).

Open enrollment begins April 1, 2020 until June 1, 2020. During open enrollment our Scholarship Committee will be accepting a written essay by the student with the topic being about themselves and their aspirations in life. We will accept the essay with the following criteria:

Eligibility are as follows:

- Senior in high school for current year 2020
- 3.0 GPA with submitting most recent transcript
- Clark County student and resident
- Must be attending college or vocational school the following year after graduation

Requirements:

- Essay about themselves and their aspirations in life
- Submit recent transcript
- Minimum 3.0 GPA
- Completed scholarship application
- Phone interview scheduled with executive officer
- Essay to be 1-2 pages typed double spaced

To ensure we have the correct contact for you, please fill out this form, scan and email to info.fasfos@gmail.com. Please include your email below for confirmation that we have received your application. Please allow 7-10 calendar days upon receiving your application for a confirmation of your review. For any questions, please feel free to call us directly at 702-577-2265.

PERSONAL DETAILS

Student Name	
Address	
Email	Phone Number
Birthdate	Sex
School and Current Grade	College or Vocational School



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I hereby agree that I will abide by the rules and regulations of FASFOS including its partners, sponsors and owners or operators of the facilities used for its programs and volunteer activities. Furthermore, I hereby release and indemnify FASFOS, its partners, sponsors, and owners or operators of the facilities used for its programs and volunteer activities and their respective directors, officers, members, employees, agents and representatives from and against all claims, liabilities, damages, or causes of actions arising out of or in connection with my participation to FASFOS programs and volunteer activities including, without limitation, individuals providing transportation to/from any programs and volunteer activities, which transportation is hereby needed or authorized. I further grant FASFOS, its partners and sponsors the right to use my name, picture and/or likeness in printed, broadcast, and other materials concerning FASFOS programs and activities and volunteer activities provided such use related to my participation.

Student Signature: _____ **Date:** _____

PARENT/GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: _____ **Relationship to Minor:** _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____ **Date:** _____

Name: _____ **Best Time to Contact:** _____

Volunteers are the backbone of this organization. If you are interested in volunteering and would like to give back to our community, please let us know which of the following you're interested in.

Area of Interest (Check one or more)

- Community Service/outreach (Circle all that interest you)
-Backpack drive -Run/walkathon -Food Drive -Adopt a Military Family -Care Packs
- Other _____
- Miss Teen Filipina Program
- Basketball Program
- Dance Program
- Program organizer
- Speaker / Presenter / Trainer
- Tax Preparer
- Event planning committee
- Sponsorship committee
- Public relations / Communications
- Administration / Clerical

THERE IS NO FEE TO PARTICIPATE AS A VOLUNTEER HOWEVER WE WELCOME YOUR DONATIONS. CHECK WITH EACH PROGRAM DIRECTOR FOR ANY MEMBER PROGRAM FEES.



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Donation is always welcome and your generosity is very much appreciated. FASFOS is a 501(c) (3) non-for-profit organization. Donations may be tax deductible to the extent permitted by law.

DONATION/PLEDGE PROGRAM / FUND NAME: _____

- One – Time Donation Amount: _\$ _____
- Recurring Donation / Pledge
- Monthly Amount: _\$ _____
- Quarterly Amount: _\$ _____
- Yearly Amount: _\$ _____