**Cynthia Rodriguez-Mendoza**

**Memorial Scholarship**

**Foundation of the Scholarship:** Mrs. Cynthia Rodriguez-Mendoza was a dedicated educator for USD #214 and Kansas Children’s Service League Head Start for a combined 25+ years. One of her strongest beliefs was for people to pursue a secondary education in whichever form it may be, as she was firm in also believing that everyone deserves a chance to better themselves. Cynthia was a loved member of her community as a proud parent, supporting teacher, devout church member, volunteer, and so much more. In 2020 amid the early stages of the COVID-19 pandemic, she fell sick with the unfortunate disease that lead to her passing. So, it is, this scholarship foundation has been established by her family to provide students of all backgrounds the opportunity to provide some financial assistance in pursuing an education after high school.

**Scholarship Requirements:**

* **Must be a graduating UHS Senior of the Class of 2025 or enrolled college student of UHS.**
* **Must be enrolled in a post-secondary institution and provide proof of enrollment OR intent/acceptance. (college, vocational/technical school, etc.)**
* **Must be in good academic standing to graduate the 2024-2025 academic year.**

**Documents needed:**

* Scholarship Application (Next page)
* Proof of enrollment to the educational institution.
* Print-out of current grades. (Nothing below a D: 60%)
* Answer to the following essay question:
	+ How do you believe receiving an education after high school will help better your life in the long run?
		- Please explain in a three-paragraph essay or more, in Times New Roman, and 12 pt. font.
* Postmarked by March 15th, 2025, and mailed to:

***Cynthia Rodriguez-Memorial Scholarship Foundation ATTN: 2021-2022 Scholarship Committee 1125 East Texas Avenue, Ulysses, KS 67880***

**Cynthia Rodriguez-Mendoza Memorial**

**Scholarship Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(P.O. Box or Street)*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *City State Zip Code*

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_****Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Include area code Include area code*

**Email Address:**

**Desired Institution to Study:**

**College:**

**Office of Financial Aid Address (if possible):\_\_\_\_\_\_\_**

 *City State Zip Code*

**Other institutions of interest\_**

**Applicant Signature:**

**Date:**