



## AMADO & J.B. PENA ART HAS HEART SCHOLARSHIP APPLICATION

Dear Scholarship Recipient:

Congratulations! You have been recommended by your high school and the Amado & J.B. Pena Art Has Heart Foundation to receive a scholarship. This scholarship provides funds that may be used for tuition, required fees, on-campus room & board, and/or books. In the category of textbooks, the funds may be used **only** if your college/university can transfer funds between the school and the textbook provider. None of these funds can be given directly to you and, in some cases, this makes using these funds for textbooks difficult, if not impossible.

Please complete this application **in full** and return it to the Foundation at the address on the bottom of the last page. It is important that you fill out this application completely. The more complete your information is, the more likely that these funds will get to the correct school, the correct office, and the correct student account. Please be aware that all scholarship checks are mailed to the school and the specific address you provide. If your funds are not available when you need them, it is likely that our letter to the school has been misdirected.

The Foundation generally provides all the funds to the college or university you are attending in one check transmittal. However, the Foundation requests that the school provide these funds to your account over two semesters, the fall and spring. **The transmittal of checks usually occurs during the first and second weeks of August.**

If you have any questions about the application or the scholarship funds, you should call the Foundation at 505-897-7172. Congratulations and best wishes.

Mike R. DeVault  
Executive Director  
Amado & J.B. Pena  
Art Has Heart Foundation

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Please print the answers to the following questions in black or blue ink.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_

Telephone Number (Cell) \_\_\_\_\_



Social Security Number \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Counselor's Work Phone \_\_\_\_\_

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**This section is very important in making sure that your scholarship funds get to the correct school and correct office. If you change your plans at any time after completing this section, please notify us immediately. Once the scholarship funds have been sent, it typically takes between six and twelve weeks to have the money returned and the foundation does not issue multiple checks for the same student.**

Name of College or University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attending Full-time \_\_\_\_\_ Attending Part-time \_\_\_\_\_

Specific college/university office where scholarship funds should be directed:

\_\_\_\_\_

Web Address for college/university \_\_\_\_\_

Anticipated Major area of Study: \_\_\_\_\_

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Please indicate which categories of financial aid you will be receiving from the college/university you are attending and the estimated value of each:

- 1. Federal Grant \_\_\_\_\_
- 2. State Grant \_\_\_\_\_
- 3. State Scholarship \_\_\_\_\_
- 4. Work Study \_\_\_\_\_
- 5. Other Scholarship \_\_\_\_\_
- 6. Student Loan \_\_\_\_\_
- 7. Parent's Loan \_\_\_\_\_

Based on the FASA, please provide your best estimate of the total cost of attending your chosen college or university for one year: \$\_\_\_\_\_.

In addition to the aid provided by the college or university, all scholarships and loans received, and support from any other sources, will you have to work to attend your chosen college or university? If yes,

Part-time \_\_\_\_\_  
 Full-time \_\_\_\_\_

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Section for High School Counselor:

The Amado and J.B. Pena Art Has Heart Foundation awards scholarships to students who qualify for financial support under the guidelines and determinations made through the FAFSA process. While each high school with whom the Foundation works may add their own additional, institutional criteria, to the financial need requirement of the Foundation, we ask that a counselor or school administrator verify that a financial need exists for the student. This may be as a result of reviewing the FAFSA determination letter or simply anecdotal evidence from other sources.

**I (the undersigned) have knowledge that the student completing this application has a valid financial need that the funds provided by the Art Has Heart Foundation will meet.**

Counselor/Administrator \_\_\_\_\_

Counselor/Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

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(Printed Name)

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(Signature)

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(Date)

**Return this completed application to the Amado & J.B. Pena Art Has Heart Foundation,  
P.O. Box 57045, Albuquerque, NM 87187-7045.**