



## **Gil Gutierrez Memorial Scholarship 2009-2010**

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Full Legal Name: \_\_\_\_\_  
Last First Middle

CSU Student ID Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Year at Colorado State: First Year \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

Do you already have a baccalaureate degree? YES \_\_\_\_ NO \_\_\_\_

Does either parent have a baccalaureate degree from a United States College/University? YES \_\_\_\_ NO \_\_\_\_

In the event that I am selected to receive the Gil Gutierrez Memorial Scholarship, I authorize Colorado State University to release information regarding my selection to the media and scholarship donors.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form, personal statement, and letter of recommendation by Friday, May 22, 2009 to:

**Gil Gutierrez Memorial Scholarship**  
**c/o Rachel Martinez**  
**Colorado State University**  
**8200 Campus Delivery**  
**Fort Collins, CO 80523-8200**  
Phone: 970-491-2459  
Fax: 970-491-1077  
Email: cincocinco@colostate.edu

The letter of recommendation should either accompany your application or be sent directly to the address above by Friday, May 22, 2009.