

# 2024 H.V. LATINO SCHOLARSHIP FUND

#### **Eligibility Requirements:**

To be eligible for this scholarship you must:

- Be of Hispanic Origin (Latino)
- Be a high school senior in Dutchess, Orange, or Ulster Counties
- · Have a college acceptance letter

#### Selection Criteria

#### Applicants will be evaluated on the following criteria:

- · Academic Achievements and Community Service
- Completed Essay
- · GPA Score
- Letters of recommendation from teacher or school official

#### Application Preparation

- Complete the Personal Information, High School Information, and College Information section.
- 2. Attach a copy of your most recent high school transcript.
- 3. Attach a copy of your college acceptance letter.
- 4. Complete the <u>Personal Statement Form</u> which requires your signature.
- Have a teacher or guidance counselor review your application and complete the Recommendation Form.
- 6. Place all materials in one envelope and postmark on or before April 26, 2024.\*
- 7. If e-mailing the application, ALL supporting documents must be attached in a single email and sent to:

nrami55@gmail.com on or before April 26, 2024.\*



# 2024 LATINO HIGH SCHOOL SCHOLARSHIP APPLICATION

### PLEASE PRINT CLEARLY AND LEGIBLY

| PERSONAL INFORMATION   |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
| Applicant Name:  |  |  |  |  |
| Address:_ Apt. #   |  |  |  |  |
|  |  |  |  |  |
| City:_ State:_ Zip:  |  |  |  |  |
|  |  |  |  |  |
| Telephone: E-mail:   |  |  |  |  |
| Date of birth: (mm/dd/yyyy) /_ /_                                    |  |  |  |  |
|  |  |  |  |  |
| Parent / Guardian:   |  |  |  |  |
| Check the box below that best identifies the place of your heritage: |  |  |  |  |
| ■ □ Puerto Rico □ Dominican Republic □ Mexico □ Costa Rica           |  |  |  |  |
|  |  |  |  |  |
| Other  |  |  |  |  |
| HIGH SCHOOL INFORMATION  |  |  |  |  |

| High School Name:   |       |
|---|-------|
| Graduation Year:  |       |
| GPA:  |       |
| List any honors or special awards you received during high school. Write out the n awards or honors. (For example: NHS should be written as National Honor Societ   |       |
|   | _     |
|   | _     |
|   |       |
| List all community service activities (including Latino events, school, re organizations, together with start/end dates and a brief description of your involv (i.e.: offices held, projects, etc.) Use additional pages, if needed. Please abbreviations for club names, organizations, and awards received. | ement |
|   | _     |
|   | _     |
|   |       |
|   | _     |
|   |       |
|   |       |

COLLEGE INFORMATION

| I will be attending (Name of College)  | in the Fall of 2024.                      |  |  |
|--|---|--|--|
| Declared Major/Course of Study:  |   |  |  |
| Career Goal:   |   |  |  |
| PLEASE NOTE: All scholarship monies with Bursar's Office of the college/university you choice changes, you must let us know immer PERSONAL STATEMENT (ESSAY) | u list here. If your college<br>ediately. |  |  |
| Choose <u>ONE</u> of the following topics and on a separate sh<br>Scholarship Committee:   | neet of paper, tell the                   |  |  |

Why you wish to be considered for this Latino Scholarship Award. You may include a specific attribute, quality, or skill that distinguishes you from others.

Write about what you have gained or learned from your community service experience.

- \*Your typed essay should not exceed one page in length.
- \* Please make sure to sign your essay.

## <u>Please read carefully and sign below:</u>

Upon submission of this application, I authorize the HV Latino Scholarship Committee to review copies of my high school transcript for purposes of academic evaluation. I hereby state that all information given is accurate, complete, and true.

I understand that, if selected, all monies awarded will be sent directly to the Bursar's Office of the college/university I listed on this application. I will inform the HV Latino Scholarship Committee immediately if my college/university choice changes.

I understand that should I fail to register to attend college/university in the Fall of 2024, my award will be rescinded.

Selected recipients MUST attend the award ceremony. Location and time to be determined. Business attire is required.

| Applicant's Signature:  | Date:                   |
|---|-------------------------|
|   |                         |
|   |                         |
| Return completed application and required transcripts by Frida  | ay, April 26, 2024.     |
| Mail to: HV Latino Scholarship • PO Box 31 • Hopew  | vall let NV 12533       |
| Wian to. 11 V Latino Scholarsinp - 1 O Box 51 - Hopew   | <u>en 301, NT 12555</u> |
| *Website: hvlatinoscholarship.org   |                         |
|   |                         |
| If you have any questions, please contact us by email: nrami55  | @gmail.com or           |
| Text/Call 845.430.7686.   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
| Name of Applicant:  |                         |
| <b>To the applicant</b> : Give this form to a teacher or guidance counwell.   | nselor who knows you    |
| To the teacher or guidance counselor: Please complete this for attach your own letter of recommendation, if you wish. |                         |
|   |                         |
| 1) In what capacity and for how long have you known this stud   | lent?                   |
|   |                         |
|   |                         |
|   |                         |
| 2) How would you describe this student?   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |

3) What unique qualities does this student have that may not be indicated by his/her transcript?

| Name_ | Title | School_ | Phone: | Signature: |
|-------|-------|---------|--------|------------|
|       | Date: |         |        |            |