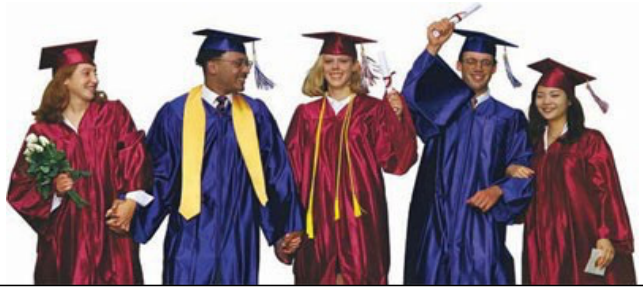

2027
H.V. LATINO SCHOLARSHIP FUND

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

1. 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 Personal Statement Form which requires your signature.
5. 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 Friday, April 9, 2027***

E-mail submissions will NOT be accepted.

***INCOMPLETE, ILLEGIBLE, OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.**

Website: hvlatinoscholarship.org

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 names of the awards or honors. (For example: NHS should be written out as National Honor Society.)

_____

_____

_____

_____

_____

List all community service activities (including Latino events, school, religious organizations, together with start/end dates and a brief description of your involvement (i.e.: offices held, projects, etc.) Use additional pages, if needed. Please avoid abbreviations for club names, organizations, and awards received.

_____

_____

_____

_____

_____

COLLEGE INFORMATION

I will be attending _____ **in the Fall of 2027.**
(Name of College)

Declared Major/Course ofStudy: _____

Career Goal: _____

***PLEASE NOTE*: All scholarship monies will be forwarded to the Bursar's Office of the college/university you list here. If your college choice changes, you must let us know immediately.**

PERSONAL STATEMENT (ESSAY)

Tell the scholarship committee about yourself. Please include:
What specific attribute, quality, or skill distinguishes you from the other applicants.
What have you gained/learned from your community service experience.
Why do you wish to be considered for the HV Latino Scholarship Award.

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

Please read carefully and sign below:

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 2027, my award will be rescinded.

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

***INCOMPLETE, ILLEGIBLE, OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.**

Applicant's Signature: _____ **Date:** _____

Return completed application and required transcripts by **Friday, April 9, 2027.**

Mail to: HV Latino Scholarship • 11 Marino Road, Poughkeepsie, NY 12601

E-mail submissions will NOT be accepted.

If you have any questions, please contact us by email: nrami55@gmail.com or
Text/Call 845.430.7686.

LETTER OF RECOMMENDATION

Name of Applicant: _____

To the applicant: Give this form to a teacher or guidance counselor.

To the teacher or guidance counselor: Please write a letter of recommendation for this student. You may use this form or write the letter on your own letterhead. Please return the recommendation letter to the student in a sealed envelope with your signature across the seal.

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1) In what capacity and for how long have you known this student?

2) How would you describe this student?

3) What unique qualities does this student have that may not be indicated by the high school transcript?

Name_____ Title_____

School_____ Phone:_____

Signature:_____ Date: _____