



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

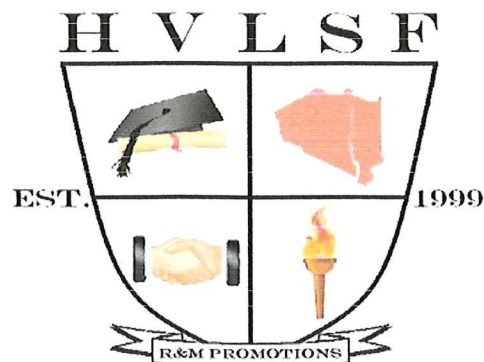
Applicants will be evaluated on the following criteria:

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

Application Preparation

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 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.***

***Incomplete, illegible, or late submissions will not be considered.**



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 names of the awards or honors. (For example: NHS should be written 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 2024.
(Name of College)

Declared Major/Course of Study: _____

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)

Choose **ONE** of the following topics and on a separate sheet of paper, tell the Scholarship Committee:

____ 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.**

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 2024, my award will be rescinded.

Selected recipients MUST attend the award ceremony. Location and time to be determined. 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 26, 2024.**

Mail to: HV Latino Scholarship • PO Box 31 • Hopewell Jct, NY 12533

***Website: hvlatinoscholarship.org**

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 who knows you well.

To the teacher or guidance counselor: Please complete this form and return it to the student. You may attach your own letter of recommendation, if you wish.

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 his/her transcript?

Name _____ Title _____

School _____ Phone: _____

Signature: _____ Date: _____