

2022

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
- Attach a copy of your college acceptance letter - **Required**

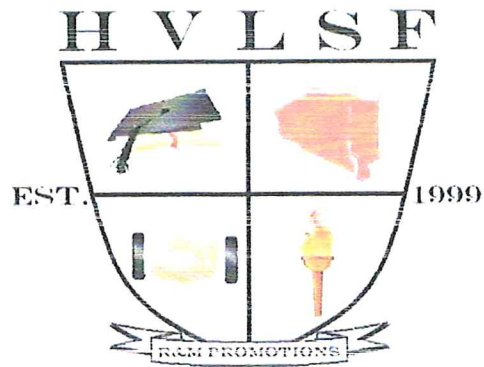
Selection Criteria

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 application and complete the Recommendation Form.
6. Place all materials in one envelope and send on or before **April 15, 2022**.
7. If emailing the application, all documents must be attached in a single email and sent to:
norma@hvlatinoscholarship.org
8. **Incomplete submissions will not be considered.**



2022

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: _____

Please state the country/territory of your family's Hispanic/Latino heritage below.

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 2022.
(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.

____ What you have gained or learned from your **cultural** 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 2022, my award will be rescinded.

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

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

Return completed application and required transcripts by **Friday, April 15, 2022.**

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: norma@hvlsf.org or call 845.430.7686.

Incomplete submissions will not be considered.

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.

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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 his/her transcript?

Name _____ Title _____

School _____ Phone: _____

Signature: _____ Date: _____