



Hispanic Scholarship Endowment Fund

2015 SCHOLARSHIP APPLICATION

SPONSORED BY:

Ibero-American Action League, Inc.

817 East Main Street

Rochester, NY 14605

(585) 256-8900, 442-0683 fax

www.iaal.org

Applications must be received by:

Friday, March 6, 2015

Incomplete and/or late applications will not be considered.

No exceptions.

Hispanic Scholarship Endowment Fund

Hispanic Scholarship Endowment Fund

Scholarship Eligibility and Selection Criteria:

- Applicant must be a resident of **Genesee, Livingston, Monroe, Ontario** or **Wayne County**.
- Applicant must be of Hispanic origin. (One or both parents must be Hispanic.)
- Applicant must submit a copy of birth certificate.
- Applicant must be a high school graduating senior.
- Applicant must submit 8x10 graduation photo or other professional photo. The photo will be returned.
- Applicant must demonstrate high academic achievement with a grade point average of **3.0** (B) or better in the core subjects.
- Applicant must be entering a college or university in the "Fall of 2014".
- Applicant must submit two letters of recommendation (use the sheets provided in this application.)
 - One from a school counselor or teacher
 - One from a member of the community (not a family member or relative.)
- Applicant must submit an official transcript from high school, which includes
 - Senior grades to date
 - Official class rank
 - Grade point averages and
 - College entrance scores (SAT, ACT, achievement tests.)

Note: If selected you may receive a scholarship from Ibero's Hispanic Scholarship Endowment Fund or from one of our other providers.

Important:

Incomplete and/or late applications will NOT be considered.

Applications must be completed and received by

Friday, March 6, 2015

Name: _____
(Last) (First) (Middle)

Address: _____
(Number, Street)

(City) (State) (Zip Code)

Cell Phone: () _____ Parent Cell: () _____ Home: () _____

Birth date: ____/____
(Month / Year)

Personal Email Address: _____ Parents Email: _____

High School: _____
High School Address: _____

Name of Counselor: _____ Telephone No: () _____
How did you hear about this scholarship? _____

Grade Point Average: _____ Class Rank: _____ Out Of: _____
SAT Scores Verbal: _____ Math: _____ ACT Composite: _____

(Major) Field of Study when attending college: _____

College Choices: (Please list in order of preference)	Have You Applied?		Have you been accepted?		
	Yes	No	Yes	No	Pending
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you work? Yes _____ No _____

If yes, Where: _____ Position: _____
Name of Supervisor: _____ Phone: _____

I. **High school awards, honors, and other scholarships received** (academic, sports, community, etc.) Type of Award: _____ Date: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II. **High school extracurricular activities** (student government, clubs, sports, etc.) Activity: _____ Date: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. **High school community service / volunteer work** Organization: _____ Date: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IV. Request two letters of recommendation and list their names, their relationship to you, and their telephone number.

1.) _____ (Name) _____ (Relationship to you) _____ (Telephone No.)

2.) _____ (Name) _____ (Relationship to you) _____ (Telephone No.)

Note: These letters should be sent directly to:
Hispanic Scholarship Endowment Fund
817 East Main Street, Rochester, NY 14605

V. Please use a separate sheet to type a short essay (250-500 words double spaced) describing:

- a. Background
- b. Career Goals – (please be specific on your choice of study- (example: nursing, engineering)
- c. Why you are deserving of a scholarship

ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

TO THE APPLICANT: Give one of these sheets to a counselor or teacher from whom you are asking for a recommendation.

(Name of student asking for recommendation)

NAME: _____

OCCUPATION: _____

RELATIONSHIP TO APPLICANT: _____

State your impression of this student, giving specific examples of each of these categories: academic achievement, character, leadership ability, and other relevant information.

PLEASE SEND THIS LETTER OF RECOMMENDATION TO:

Hispanic Scholarship Endowment Fund

c/o Ibero-American Action League

817 East Main Street

Rochester, NY 14605

BEFORE: FRIDAY, MARCH 6, 2015

TO THE APPLICANT: Give one of these sheets to a counselor or teacher from whom you are asking for a recommendation.

(Name of student asking for recommendation)

NAME: _____

OCCUPATION: _____

RELATIONSHIP TO APPLICANT: _____

State your impression of this student, giving specific examples of each of these categories: academic achievement, character, leadership ability, and other relevant information.

PLEASE SEND THIS LETTER OF RECOMMENDATION TO:

Hispanic Scholarship Endowment Fund

c/o Ibero-American Action League

817 East Main Street

Rochester, NY 14605

BEFORE: FRIDAY, MARCH 6, 2015

NAME OF APPLICANT: _____

STUDENT'S CHECKLIST

Have you included all of the following information?

- ___ A completed application
- ___ Copy of birth certificate
- ___ Two letters of recommendation
- ___ Essay
- ___ An official high school transcript showing grade point average and official class rank
- ___ Mid-Semester grades for senior year
- ___ Graduation / Professional Photo
- ___ SAT/ACT Scores

Important Note: If you solicited that your high school or an individual send us paperwork (transcripts, grades, letters of recommendations) by regular mail, please follow up with them and make sure the documents are received **before Friday, March 6, 2015**. Thanks!

Return this completed application and required paperwork to:

Hispanic Scholarship Endowment Fund

c/o Ibero-American Action League, Inc.
817 East Main Street
Rochester, NY 14605

BEFORE: FRIDAY, MARCH 6, 2015