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.
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