



LATINAS UNIDAS

LATINA WOMEN SCHOLARSHIP FUND

A donor Advised Fund of the Women's Foundation of Genesee Valley

SCHOLARSHIP APPLICATION FORM

Sponsored by:

Latinas Unidas

Administered by:

**The Women's Foundation of Genesee Valley
277 Alexander Street, Suite 407
Rochester, NY 14607**



The Women's Foundation of Genesee Valley
277 Alexander Street, Suite 407 • Rochester • New York • 14607
Phone: 585-242-0940 • Fax: 585-242-0632
Email: WOMENSFOUNDATION.ORG



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NAME: _____

APPLICATION CHECKLIST

Have you included all of the following information?

____ **Completed application**

____ **Copy of picture ID (Drivers license, Passport, Medicaid card, etc.)**

____ **Copy of official High School or G.E.D Diploma**

____ **Proof of acceptance at an accredited educational institution**

- **Name**
- **Address or contact person of accredited educational institution you are interested in attending.**

____ **Two or more letters of recommendation**



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1. ELIGIBILITY CRITERIA

General

- Must be a resident of one the following counties: Monroe, Ontario, Livingston, Genesee, Yates, Orleans, and Wayne.
- Must be of Hispanic origin. (One or both parents must be Hispanic)
- Must submit a copy of picture identification
- Must be female 25 years old or older
- Must be seeking additional training to develop skills required for job advancement & financial independence. *(4-year college programs do not qualify)*

Academic

- Must be a high school graduate or hold G.E.D.

Supporting Documents

- Must submit picture I.D. (Drivers license, passport, Medicaid card, etc.)
- Must submit a copy of High School or G.E.D. Diploma
- Must submit proof of acceptance at an accredited educational institution
 - Name
 - Address
 - Contact Person
- Must submit two recommendations from:
 - Employer
 - and/or Community Contacts (extracurricular activities, volunteering, church, etc.)
- Applicants are responsible to make sure that the letters of recommendation are submitted to the Women's Foundation c/o Latina Women Scholarship. Failure to do so will disqualify applicants.

2. SELECTION PROCESS

- Scholarship Selection Committee will review applications
- Finalists will be scheduled for an interview with the Scholarship Committee
- Scholarship recipient (s) will be asked to provide Social Security number to the Women's Foundation of Genesee Valley.

3. AWARDS ADMINISTRATION

- Scholarship awards will be paid directly to the accredited educational institution or program.

Important:

Application Mailed To:

**The Women's Foundation of Genesee Valley
Latina Women Scholarship Fund
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SCHOLARSHIP APPLICATION

SECTION I – PERSONAL INFORMATION

1. Full Name: _____
 (Last) (First) (Middle)

2. Address: _____
 (Number – Street)

 (City) (State) (Zip Code)

3. Telephone: (____) _____
 (Area Code) (Number)

4. Birth Date: ____/____/____
 (Month Day Year)

5. High School/G.E.D _____ Date of Graduation: _____

6. Total Number of Persons in your Household: _____
 Name: _____ Age: _____

SECTION II - FINANCIAL INFORMATION

1. Your source of financial support: Self _____ Other _____



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SECTION III – EMPLOYMENT

Give employment history as completely as possible beginning with your present or latest employer. Include all part-time and /or summer employment as well as volunteer work.

1. Employer: _____
Address: _____
From: _____ To: _____
Supervisor: _____
Job Description: _____

2. Employer: _____
Address: _____
From: _____ To: _____
Supervisor: _____
Job Description: _____

3. Employer: _____
Address: _____
From: _____ To: _____
Supervisor: _____
Job Description: _____





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SECTION IV – COMMUNITY ACTIVITIES

Community activities in which you participate or have participated. (Identify leadership positions)

Dates	Activity	Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION V – PERSONAL SKETCH

(Please be specific. Use back of page if necessary.)

A. What do you plan to study? (Include circumstances and/or individuals who have influenced you).

B. What are your career and personal goals?

C. Why do you feel you should receive this scholarship?



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SECTION VI – CONCLUSION

1. How did you hear about our scholarship?

2. I assume complete responsibility for the accuracy of the information stated in this application.

(Signature)

(Date)

Personal References: Please request written references from at least two individuals who know you well.
(Use the attached forms)

If you have any questions regarding this scholarship application and/or process, please contact Celeste Amaral at 585-724-9808 or mcamaral@rochester.rr.com.



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REFERENCE FORM #1

TO THE APPLICANT: Give this form to your employer or community member.

Applicant Name: _____

Name of Reference Writer: _____

Occupation: _____

Relationship to Applicant: _____

TO EMPLOYER / COMMUNITY MEMBER

Please comment on the applicant's strengths/weaknesses as it relates to the following categories: employment and/or community involvement, character, and leadership ability. Feel free to add any other comments you believe are important. *[If more space is needed, you may attach additional pages to this form.]*



Please send this letter of recommendation to:

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REFERENCE FORM #2

TO THE APPLICANT: Give this form to your employer or community member.

Applicant Name: _____

Name of Reference Writer: _____

Occupation: _____

Relationship to Applicant: _____

TO EMPLOYER / COMMUNITY MEMBER

Please comment on the applicant's strengths/weaknesses as it relates to the following categories: employment and/or community involvement, character, and leadership ability. Feel free to add any other comments you believe are important. *[If more space is needed, you may attach additional pages to this form.]*



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REFERENCE FORM #3

TO THE APPLICANT: Give this form to your employer or community member.

Applicant Name: _____

Name of Reference Writer: _____

Occupation: _____

Relationship to Applicant: _____

TO EMPLOYER / COMMUNITY MEMBER

Please comment on the applicant's strengths/weaknesses as it relates to the following categories: employment and/or community involvement, character, and leadership ability. Feel free to add any other comments you believe are important. *[If more space is needed, you may attach additional pages to this form.]*



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