



# LATINAS UNIDAS

LATINA WOMEN SCHOLARSHIP FUND

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

## SCHOLARSHIP APPLICATION FORM

*Funded and Sponsored by Latinas Unidas*

[www.latinasunidas.org](http://www.latinasunidas.org)

*Administered by The Women's Foundation of Genesee Valley*



**The Women's Foundation of Genesee  
Valley 277 Alexander Street, Suite 305  
Rochester, NY 14607**



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**NAME:** \_\_\_\_\_

## **APPLICATION CHECKLIST**

**Have you included all of the following information?**

\_\_\_ **Completed application**

\_\_\_ **Copy of picture ID (Driver's license, Passport, Medicaid card, etc.)**

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

\_\_\_ **Proof of acceptance and enrollment at an accredited educational institution**

- **Official Admissions Letter**
- **Enrollment verification (this will need to be provided prior to the disbursement of funds)**

\_\_\_ **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, or 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.

#### *Academic*

- Must be a high school graduate or hold G.E.D.
- Must be accepted to an accredited training program or educational program.

#### *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 training or educational program on official letterhead
  - 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 the respective Student Identification 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:**

#### **Mail Application & Documents To:**

The Women's Foundation of Genesee Valley  
Latina Women Scholarship Fund  
277 Alexander Street, Suite 305  
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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 Diploma or G.E.D Date \_\_\_\_\_

6. Total Number of Persons in your Household: \_\_\_\_\_

Name:

Age:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### **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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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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).

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B. What are your career and personal goals?

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

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## **SECTION VI – CONCLUSION**

1. How did you hear about our scholarship?

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

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(Signature)

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(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 Daisy Rivera-Algarin at (585) 284-8006 or [scholarship@latinasunidas.org](mailto:scholarship@latinasunidas.org).**



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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. You may attach additional pages to this form.

**Please send this letter of recommendation to:**

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