

# SCHOLARSHIP APPLICATION FOR ACADEMIC YEAR 2020-2021

This application has to be fully completed, otherwise it will be rejected. Please type or print neatly and legibly. **DEADLINE TO SUBMIT APPLICATION: MUST BE POSTED BY May 30th, 2020**

				Application Date	
Last Name:		First Name:		Middle Initial:	
				Female ( ) Male ( )	
US Citizen ( ) DACA eligible non			Place of Birth:		Date of Birth:
US Legal resident ( ) citizen as defined by					
SSN: _____ FAFSA ( )					Home Phone ( ) Work Phone ( )
Permanent Address			City		State
					Zip Code
					Cell phone ( )
					E-mail: _____
Current Mailing Address (If different from above)			City		State
					Zip Code
					Parents Name: _____
					_____
					Parents Phone: ( )
H.S. or College attending			City		State
					Zip Code
					Previous IHCH Scholarship Recipient
					Yes ( ) No ( ) Year _____
Student's classification					Major field of study (if known):
High School: Graduating senior ( ) High school graduate ( )					
Class Rank: ___ out of ___ (for example, 10 out of 400)					
GPA: ___ (Indicate whether grades are based on a scale of 4, 5 or 6) ___					
College: Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) GPA ___					Expected day of Graduation:
Graduate ( ) GPA: ___					
Do you speak Spanish Yes ( ) No ( )		Where did you learn Spanish? At home ( ) At school ( ) Hispanic country ( ) At work ( ) Other ( )			
Number of years you have studied Spanish:			Specify previous residence or study in a Hispanic country (if any):		
High School: ___ College ___ Other ___			Year ___ Country _____		

Scholastic achievements, honors, and/or academic memberships:			
Extra curricular activities and/or community service:			
Internships, research projects and/or publications.:			
Work	Hours per week	Income per week \$	Place of Employment and address:
Name of program or institution in the State of Texas where scholarship award will be used:			
Have you applied for another scholarship or grant? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ). If so, which one(s)? Name _____ Total amount \$ _____ Name _____ Total amount \$ _____			
Have you received any scholarship or grant? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) If so, which one(s)? Name _____ Total amount \$ _____ Name _____ Total amount \$ _____			
Student's signature: _____ Date: _____			

**IMPORTANT:**

This application must be accompanied **by two letters of recommendation** on forms provided by the Institute.

Furthermore, official transcript(s) from all the educational institutions the student has attended must be submitted.

1. An official transcript bears the official seal of the school and the signature of a school official.
2. College freshmen should submit high school transcript(s) as well as college transcript(s).

Student should fill out **Section I** of each recommendation form and give it to the recommending instructor. Once the instructor has filled out **Section II** of the form, s/he will put it in a sealed envelope, sign it on the back and return it to the student.

Only applications accompanied by two letters of recommendation and official transcript(s) will be accepted.

**List names of recommending instructors:**

1. \_\_\_\_\_  
 School: \_\_\_\_\_  
 Contact: \_\_\_\_\_

2. \_\_\_\_\_  
 School: \_\_\_\_\_  
 Contact: \_\_\_\_\_

**ESSAY**

Please write a brief essay (up to 300 words) in Spanish or English, summarizing your studies and/or experience in the Hispanic culture. Indicate what you expect to gain from your proposed course of study. Please add a page if necessary.

# RECOMMENDATION FOR SCHOLARSHIP

## Instructions:

\* Student should fill out Section I and then give it to the recommending instructor **at least two weeks before application deadline.**

\*\*The instructor will return it to the student before **May 30th, 2020**

Application deadline: **May 30th, 2020**

## SECTION I (to be completed by the student\*)

Student's name: \_\_\_\_\_

Student's permanent address: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Applicant's acceptance of confidentiality:

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

## SECTION II (to be completed by the instructor\*\*)

After you have filled out Section II, please put this form in a sealed envelope, sign it on the back and **return it to the student no later than May 30th, 2020**

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

As a student in one of my classes.  Other. Please specify: \_\_\_\_\_

**Please note:** Members of the Scholarship Committee may not write a recommendation for this scholarship unless the student indicates that s/he does not have another teacher who knows her/him as well.

Instructor's signature: \_\_\_\_\_

Instructor's printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Date: \_\_\_\_\_

## Please comment on the following:

Student's achievement in the subject s/he has taken from you.

Student's work habits, maturity, emotional stability, attitude, discipline, responsibility and intellectual ability.

Please indicate the grade or grades (if you are or were her/his teacher) the student received in your class.

Please provide specific information about the student relevant to the above requirements.

# RECOMMENDATION FOR SCHOLARSHIP

## Instructions:

\* Student should fill out Section I and then give it to the recommending instructor **at least two weeks before application deadline.**

\*\*The instructor will return it to the student before **May 30th, 2020**

Application deadline: **May 30th, 2020**

## SECTION I (to be completed by the student\*)

Student's name: \_\_\_\_\_

Student's permanent address: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Applicant's acceptance of confidentiality:

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

## SECTION II (to be completed by the instructor\*\*)

After you have filled out Section II, please put this form in a sealed envelope, sign it on the back and **return it to the student no later than May 30th, 2020**

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

As a student in one of my classes.  Other. Please specify: \_\_\_\_\_

**Please note:** Members of the Scholarship Committee may not write a recommendation for this scholarship unless the student indicates that s/he does not have another teacher who knows her/him as well.

Instructor's signature: \_\_\_\_\_

Instructor's printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Date: \_\_\_\_\_

## Please comment on the following:

Student's achievement in the subject s/he has taken from you.

Student's work habits, maturity, emotional stability, attitude, discipline, responsibility and intellectual ability.

Please indicate the grade or grades (if you are or were her/his teacher) the student received in your class.

Please provide specific information about the student relevant to the above requirements.