



The way you *should* be treated.

Hispanic/Latino Coalition & Silver Cross Hospital Healthy Community Commission

Dr. Daniel Gutierrez Scholarship 2019

The Dr. Daniel Gutierrez Scholarship aims to strengthen the local community by advancing post-secondary education among Hispanic students. These scholarships are made possible through a grant awarded to the Hispanic Latino Coalition by the Silver Cross Healthy Community Commission and through fundraising efforts of the Hispanic Latino Coalition.

Who may apply?

You must be descended from at least one of the following countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Spain, Uruguay, or Venezuela, to apply.

Awards

The scholarship award is \$1,000. The award may be applied to any two or four year institution or trade school. Scholarships will be awarded depending on the availability of funds.

Scholarships will be given to candidates who live in these zip-codes: 60432, 60433 and 60436 or the Fairmont District of 60441.

A few scholarships may be given to residents of Will and Grundy Counties outside of the identified zip-code areas.

Students who were previously awarded a scholarship are eligible to apply for a 2^{nd} year award. Two first-year recipients will be chosen for a 2^{nd} year award and will be eligible to apply for an award in their 3^{rd} and 4^{th} year of post-secondary studies provided they maintain a GPA of 3.0 or higher.

SCHOLARSHIP APPLICATION DEADLINE (Postmarked by)

March 11, 2019

I. ELIGIBILITY REQUIREMENTS

Recipients of the HLC scholarship are required to:

- A. be of Hispanic/Latino descent;
- B. be enrolled in a Will or Grundy County High School as a senior or enrolled as a college freshman;
- C. be admitted or enrolled in a 2 or 4 year institution or trade school that is accredited. (A letter of acceptance must be submitted before a scholarship will be awarded.);
- D. have a minimum cumulative 3.00 GPA on a 4.00 scale (or the equivalent);
- E. be a U.S. citizen or legal United States Resident or have Deferred Action for Childhood Arrivals (DACA) status.

Past recipients of a 2^{nd} or 3^{rd} award will be eligible to apply for subsequent awards up to four years if they are in good standing at their school with a 3.00 or higher GPA.

II. APPLICATION PROCEDURES

Complete and submit a scholarship application including the items listed below.

Entering freshmen must submit:

- Official High School Academic Transcripts
- Copy of an official letter of acceptance to an accredited 2-year or 4-year institution or trade school
- Scholarship Application Essay with Certification Signature (see page 4)

Currently enrolled college freshmen students must submit:

- Official Academic Transcripts
- Scholarship Application Essay with Certification Signature (see page 4)

Past recipients who are currently enrolled in college must submit:

- Official Academic Transcripts
- Scholarship Application Essay with Certification Signature (see page 4)

III. SELECTION CRITERIA

Selections will be based on student's academic achievement, extracurricular activities, leadership skills, and participation in community activities.

IV. NOTICE OF AWARDS

Students will be notified of any scholarship award by April 2019. Recipients will be invited to a public presentation at an HLC event to be scheduled in May 2019.

V. CHILDREN OF HISPANIC LATINO COALITION MEMBERS ARE NOT ELIGIBLE.

Please, submit your completed application and documentation to:

Hispanic/Latino Coalition of Will County Scholarship Committee 407 Irving Joliet, IL 60432

Or email a completed application to

hlcwillcounty@gmail.com

Application Deadline: March 11, 2019



Hispanic/Latino Coalition and Silver Cross Hospital Healthy Community Commission

Dr. Daniel Gutierrez Scholarship

SCHOLARSHIP APPLICATION 2019

HOME TELEPHONE:	LAST							
ADDRESS: HOME TELEPHONE:								
ADDRESS: HOME TELEPHONE:				FIRST			M.I	
HOME TELEPHONE:								
TELEPHONE:	NUMBER	STREET		CITY	-	ST	ZIP	
_			CELL P	HONE:				
8	area numl	ber			area	number		
E-mail:								
Additional Contact Pe	rson	<u> </u>						
NAME:	_		_	_ T	TEL.:			
FIRST ar	FIRST and LAST Relation				area	ı nu	number	
E-mail:								
EDUCATION: High School Attendin	- ~				G.P.	Α,		
Graduated From:	ig or				U.I.	A.:		
Please submit a co	opy of your offic	zial Academic Tra	inscripts.					
What type of degree a	are you pursuing	?						
College, University, o								
	you will be attending or are attending: Years of post-secondary education				ed Graduati	ion:		
	that this degree requires:			1 Expects	30 Grauuau	011.		
Employment exper								
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2.								
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Hispanic/Latino Coalition And Silver Cross Hospital Healthy Community Commission Dr. Daniel Gutierrez Scholarship

Sign the certification below and submit it with your essay.

CERTIFICATION:						
I certify that all the information included in this application is true and complete. I hereby grant permission to the Hispanic Latino Coalition to verify such information and to release information to the donor or potential donor of any scholarship for which I may be eligible.						
Signature:	Date:					
Media Release: (Optional)						
If I am a recipient of the scholarship, I grant permission to the HLC and Silver Cross to						
use my image (photographs and/or video) for use in publications including videos, email						
blasts, recruiting brochures, newsletters, and magazines and to use my image in						
electronic publications on the HLC or Silver Cross website or social media.						
Signature:	Date:					

SCHOLARSHIP APPLICATION ESSAY 2019

Submit a **one-page** typed essay, single spaced, on a separate sheet of paper. Include all areas listed below. Please write your name on the essay.

• Briefly explain your family background and if you are the first to go to college,

The remainder of the essay is rated by application readers and assigned points.

- Your personal goals for the future, including what you plan to study and why
- Awards, recognitions or achievements you have received such as honor roll
- School or community activities you are involved with such as clubs, scouts or sports
- Describe any school and community service you perform