



"Working Together to Serve the Hispanic Latino Community"

Hispanic/Latino Coalition

And

Silver Cross Hospital Healthy Community Commission Dr. Daniel Gutierrez Scholarship 2017

The Hispanic/Latino Scholarship aims to strengthen Will and Grundy County by advancing post-secondary education among Hispanic students. These scholarships are made possible through a grant awarded to the HLC by the Silver Cross Healthy Community Commission and through fundraising efforts of the Hispanic Latino Coalition.

Do I have to be Hispanic/Latino to apply?

Yes. 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 2 or 4 year institution or trade school. A total of 15 - 20 scholarships will be awarded depending on the availability of funds.

Up to ten scholarships will be given to candidates who live in these zip-codes: 60432, 60433 and 60436.

Up to ten scholarships will 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 2nd year award. Two 1st year recipients will be chosen for the 2nd year award and will receive an award in their 3rd and 4th year of post-secondary studies provided they maintain a GPA of 3.0 or higher.

SCHOLARSHIP APPLICATION DEADLINE

March 10, 2017

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 2nd or 3rd award will continue to receive 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
- Copy of the ACT or SAT results (Unless scores are included on transcript)
- 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, service and extracurricular involvement, leadership skills, and participation in community activities.

IV. NOTICE OF AWARDS

Students will be notified by mail or email of any scholarship award by April 1, 2017. Recipients will be invited to a public presentation at an HLC event to be scheduled in May 2017.

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**

**You may instead scan your documents and email them to
rvalenciano1@gmail.com.**

Applications are due no later than

Deadline: March 10, 2017



**Hispanic/Latino Coalition and Silver Cross Hospital Healthy Community
Commission Dr. Daniel Gutierrez Scholarship**

SCHOLARSHIP APPLICATION 2017

PERSONAL DATA: *(Please print or type)*

| | | | | | |
|-------------------------------------|--------|--------|-------------|--------|-----|
| NAME: | | | | | |
| | LAST | FIRST | M.I | | |
| Social Security#: (not required) | | | D.O.B.: | | |
| HOME ADDRESS: | | | | | |
| | NUMBER | STREET | CITY | ST | ZIP |
| HOME TELEPHONE: | | | CELL PHONE: | | |
| | area | number | area | number | |
| E-mail: | | | | | |

Additional Contact Person

| | | | | | |
|---------|----------|--|-------|--------|--|
| NAME: | | | TEL.: | | |
| | relation | | area | number | |
| E-mail: | | | | | |

EDUCATION:

| | | | |
|--|--|---------|--|
| High School Attending or Graduated From: | | G.P.A.: | |
|--|--|---------|--|

**Please submit a copy of your official Academic Transcripts.
(High School students must submit a copy of the SAT or ACT unless it is included on the transcript.)**

| | | | |
|---|--|------------------------------|--|
| What type of degree are you pursuing? | | | |
| College or University where you will be attending or are attending: | | | |
| Years of post-secondary education that this degree requires: | | Year of Expected Graduation: | |

Employment experience: (Optional)

| Employer: | Length of Employment | Telephone: |
|-----------|----------------------|------------|
| 1. | | |
| 2. | | |

| | | | | |
|--|-----|--------------------------|------|--------------------------|
| I AM A PREVIOUS HLC SCHOLARSHIP WINNER. | YES | <input type="checkbox"/> | YEAR | <input type="checkbox"/> |
|--|-----|--------------------------|------|--------------------------|

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And Silver Cross Hospital Healthy Community Commission
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SCHOLARSHIP APPLICATION ESSAY 2017

Submit a one page essay on a separate sheet of paper which includes all three components below. Include your name on the sheet.

Sign the certification below and submit it with your essay.

1. Explain your family background, personal goals and interests, what you plan to study, why you want to further your education and how you plan to go about achieving your degree.

Indicate if you are the first person in your family to go to college.

2. What awards, recognitions or achievements have you received?
3. Describe any school and community service you perform, and any school or community activities you participate in. List any part-time or full-time employment.

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|--|--------------|
| 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)

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|---|--------------|
| 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 Facebook. | |
| Signature: | Date: |