



**Hispanic/Latino Coalition**  
And

**Silver Cross Hospital Healthy Community Commission**  
**Dr. Daniel Gutierrez Scholarship 2018**

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.

**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 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 2<sup>nd</sup> year award. Two 1<sup>st</sup> year recipients will be chosen for a 2<sup>nd</sup> year award and will be eligible to receive an award in their 3<sup>rd</sup> and 4<sup>th</sup> year of post-secondary studies provided they maintain a GPA of 3.0 or higher.

**SCHOLARSHIP APPLICATION DEADLINE**

***March 12, 2018***

## 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<sup>nd</sup> or 3<sup>rd</sup> 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
- 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 by email or postal mail if necessary, of any scholarship award by April 6, 2018.** Recipients will be invited to a public presentation at an HLC event to be scheduled in May 2018.

## 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](mailto:rvalenciano1@gmail.com).**

**Applications are due no later than**

***Deadline: March 12, 2018***



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

**SCHOLARSHIP APPLICATION 2018**

**PERSONAL DATA:** *(Please print or type)*

NAME: 

--	--	--

LAST FIRST M.I

HOME ADDRESS: 

--	--	--	--	--

NUMBER STREET CITY ST ZIP

HOME TELEPHONE: 

		CELL PHONE:		
--	--	-------------	--	--

area number area number

E-mail: 

--

**Additional Contact Person**

NAME: 

		TEL.:		
--	--	-------	--	--

FIRST and LAST 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:**

Employer:	Length of Employment	Telephone:
1.		
2.		

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

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

**Sign the certification below and submit it with your essay.**

<b>CERTIFICATION:</b>	
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.	
<b>Signature:</b>	<b>Date:</b>

**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 Facebook.	
<b>Signature:</b>	<b>Date:</b>

**SCHOLARSHIP APPLICATION ESSAY 2018**

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. The number of possible points are listed in parenthesis.

- Your personal goals for the future, including what you plan to study and why (5 pts)
- Awards, recognitions or achievements you have received such as honor roll (5 pts)
- School or community activities you are involved with such as clubs, scouts or sports (5 pts)
- Describe any school and community service you perform (5 pts)

Points are also given for: the quality of your writing (5 pts) your GPA (5 pts) and any part-time or full-time employment (3 pts).