

*Scholarship Application*

*Funded and Sponsored by Latinas Unidas, Inc.*

[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



Thank you for your interest in applying to the Latinas Unidas Scholarship. Latinas Unidas has been awarding these scholarships since 2002; helping Latinas begin or continue their educational or training pursuits. The mission of Latinas Unidas is to support Latina women in our community so that the Latino community can advance. As such, scholarship recipients will demonstrate their commitment to advancing the Latino community through their services to others, their family and commitment to their own advancement. Past scholarships have been used towards training opportunities, undergraduate and graduate degrees.

### Eligibility

- Be a resident of one of the seven-counties of Genesee Valley: Genesee, Livingston, Monroe, Ontario, Yates, Orleans and Wayne.
- Be a Latina at least 25 years old
- Be enrolled in a training that leads to job and financial advancement **OR** matriculated and enrolled in a higher education program
- Be a high school graduate or hold a G.E.D.

### Application packet (Application will not be reviewed if any document is missing).

- Completed Latinas Unidas Scholarship Application.
- Application Checklist Form (enclosed).
- Copy of the Student Identification card from the respective institution.
- Copy of High School Diploma/G.E.D, if in a training program (not needed if enrolled in College).
- Proof of acceptance (letter) to the program for which the scholarship funds will be used, if selected.
- Proof of enrollment/attendance (schedule).

### Documentation, if selected

- If selected for the scholarship, you will have ten (10) days to provide the following:
  - Proof of enrollment for the term the scholarship will be applied to.
  - Bill from the respective institution

To mail applications:  
Latinas Unidas Scholarship Committee  
PO BOX 64611  
Rochester, NY 14624

To submit applications by email: [scholarship@latinasunidas.org](mailto:scholarship@latinasunidas.org)

## Selection Process

The Latinas Unidas board has established a Scholarship Committee that will be overseeing and awarding the scholarship. This committee is comprised of Latinas who have experience and expertise in this area. These women are committed to the mission of Latinas Unidas—*supporting the Latina woman.*

Applications will be made available via the Latinas Unidas website at [www.latinasunidas.org](http://www.latinasunidas.org). Sharing the application with colleagues and friends is encouraged. Applications can be submitted via postal mail or online. The deadline to submit the application is **July 31st, 2020.**

The scholarship committee will review the applications up to ten (10) days after the deadline. Winners will be contacted within three (3) days of the decision and will be asked to submit the necessary documentation for payment:

1. Proof of enrollment for the term the scholarship will be applied to.
2. Bill from the respective institution

*Scholarship awards will be paid directly to the respective institution.*

Scholarship winners accepted this year will be recognized at the Latinas Unidas Reconocimiento and Scholarship Awards on the Fall. Each winner will be provided a complimentary ticket.

To mail applications:  
Latinas Unidas Scholarship Committee  
PO BOX 64611  
Rochester, NY 14624

To email applications: [lu.scholarship@gmail.com](mailto:lu.scholarship@gmail.com)

**APPLICATION CHECKLIST**  
(to be submitted with the scholarship application)

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Training or Education Institution \_\_\_\_\_

Scholarship Packet (check if included)

- Application Checklist
- Complete Application
- Copy of Student Identification from respective from the institution the applicant is enrolled
- Copy of High School Diploma/G.E.D, (not needed if enrolled in College)
- Proof of acceptance (letter or schedule) to the program for which the scholarship funds will be used, if selected.
- Personal Essay

## SCHOLARSHIP APPLICATION

### SECTION I – PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number – Street)

\_\_\_\_\_

(City/Town/Village) (State) (Zip Code)

Best Phone Number to Reach You (\_\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

Best Email Address to Contact You \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School Diploma or G.E.D Date \_\_\_\_\_

College/University/Training Institution \_\_\_\_\_

Total Number of Persons in your Household (Include yourself) \_\_\_\_\_

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	SELF
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

## SCHOLARSHIP APPLICATION

### SECTION II – FINANCIAL/EMPLOYMENT INFORMATION

1. Your source of financial support            Self \_\_\_\_\_            Other \_\_\_\_\_
  
2. Your annual income \_\_\_\_\_

**Employment information for the past 10 years.**

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_ To \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

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2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_ To \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

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3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_ To \_\_\_\_\_  
Job Description: \_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_

## SCHOLARSHIP APPLICATION

### SECTION III – COMMUNITY ACTIVITIES

Community activities in which you participate or have participated. (Identify leadership positions)

Dates	Title	Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SECTION IV – ENROLLMENT

Name of Institution You Are Enrolled \_\_\_\_\_

Institution Address \_\_\_\_\_

Institution Website \_\_\_\_\_

Your Student Identification Number \_\_\_\_\_

Program of Study \_\_\_\_\_ Type of Certificate/Degree \_\_\_\_\_

Expected Graduation Date/Term \_\_\_\_\_ Career Goal \_\_\_\_\_

Your plans upon completion of this program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHOLARSHIP APPLICATION

### SECTION V. PERSONAL ESSAY (on a separate paper)

The Scholarship Committee wants to know more about you. In an essay (minimum 250 words) share the following:

- Your enrollment at the institution, including your program of study and any experiences you have had so far.
- The circumstances or people who encouraged you to pursue this training or degree. Include experiences that have influenced you.
- Your career and personal goals. Include family goals and future aspirations.
- The reason(s) you should receive this scholarship. What barriers will this scholarship help you overcome?

### SECTION VI. CONCLUSION

1. How did you hear about our scholarship?

- Latinas Unidas Website
- Latinas Unidas Social Media – Facebook, Twitter, LinkedIn
- Latinas Unidas Event- What event? \_\_\_\_\_
- Latinas Unidas Email
- Website – Which one? \_\_\_\_\_
- A Friend/Colleague \_\_\_\_\_
- Other – please specify \_\_\_\_\_

My signature below indicates that I understand that I am submitting my complete application for the Latinas Unidas Scholarship. I assume complete responsibility for the accuracy of the information stated in this application. In no way do I assume that this is an indication of being awarded the scholarship. It is simply an application. I further understand that, if selected for the scholarship, I am fully responsible to provide the necessary documents in the time allotted to Latinas Unidas. Failure to do so can result in a denial of the scholarship.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*We wish you the very best in your career endeavors!*

For questions regarding this scholarship application please email [scholarship@latinasunidas.org](mailto:scholarship@latinasunidas.org).