



Hispanic Association of Women

PO Box 1217, Lubbock, TX 79408, www.LubbockHAW.net

Our Mission Statement:

The mission of the Hispanic Association of Women is organizing the efforts of Hispanic women since 1983 by promoting educational opportunities for all women and endorse issues of concern to empower women and youth and establishing a collective effort to resolve problems and counter barriers faced by Hispanics.

Congratulations Ladies! Your dedication and commitment to furthering your education is one of the most important decisions you have made. The Hispanic Association of Women is pleased that you have included us in your adventure to entering and completing college.

In order for your application to be considered, the following information and criteria must be completed.

Required Information/Criteria for Scholarship:

- Women only.
- Enrolled at one of the local accredited colleges/universities or a graduating senior at a high school located within a 60-mile radius of the City of Lubbock, Texas.
- Permanent residence must be within a 60-mile radius of the City of Lubbock, Texas.
- Application must be submitted and postmarked by **April 27, 2018**.
- Application must be completed fully and submitted with a coversheet. Incomplete applications will NOT be considered.
- A personal statement explaining "why you need financial assistance in the form of a scholarship and how this scholarship would benefit you during your college enrollment" must accompany the application on a separate sheet of paper from Essay Question. (minimum 200 words)
- A current transcript.
- A letter of recommendation from a non-relative.
- Essay: Specify how your current academic program and your overall educational plans will assist you in achieving your future goals. (minimum 350 words)

Selection and Distribution of Scholarships:

- Scholarship applications are scored using a blind-review process by a panel of community leaders selected to serve on a Scholarship Review/Selection Committee. (No HAW members or family members of members are allowed to serve on the Scholarship Review/Selection Committee).
- Applications should be mailed to:
**Hispanic Association of Women
Scholarship Selection Committee
P O Box 1217, Lubbock, TX 79408**

- Scholarship recipients will be notified by May 10, 2018 and are required to attend the Hispanic Association of Women's Annual Scholarship Reception. Recipients will receive a letter with more details regarding the Reception.
- Scholarship funds will be mailed to the individual after documents of enrollment verification/invoice are submitted to HAW Treasurer.
- Trade or technical schools are not eligible for scholarship award.
- Scholarships are for the summer, fall, or spring semesters of 2018-2019. Scholarships not used by **January 18, 2019** will revert to the association's scholarship fund.
- Personal information will not be disclosed outside of the organization.
- Past Hispanic Association of Women scholarship recipients can apply.

BIOGRAPHICAL INFORMATION

NAME: (First) _____ (Middle) _____ (Last) _____

DOB: _____

ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE: _____

EMAIL ADDRESS: _____

ETHNIC ORIGIN (CIRCLE ONE)

Mexican American Puerto Rican Hispanic
Cuban South/Central America Other _____

NAME OF PARENT/GUARDIAN/SPOUSE:

FATHER _____ OCCUPATION _____

MOTHER _____ OCCUPATION _____

SPOUSE _____ OCCUPATION _____

ACADEMIC DATA

HIGH SCHOOL INFORMATION (complete if entering college as freshman)

SCHOOL NAME AND LOCATION

DATE OF HIGH SCHOOL GRADUATION: _____ HIGH SCHOOL CUMULATIVE GPA: _____

RANK IN CLASS: _____ OUT OF HOW MANY? _____

HONORS/AWARDS/ACTIVITIES: (PLEASE be specific—do not state “refer to resume”)

COLLEGE ATTENDING/PLAN ON ATTENDING _____

MAJOR / AREA OF STUDY _____

CLASSIFICATION (if currently attending) _____

CUMULATIVE GPA _____

OTHER

COMMUNITY/CIVIC INVOLVEMENT: (PLEASE be specific—do not state “refer to resume”)

ARE YOU A MEMBER OF HAW? _____

IS YOUR IMMEDIATE FAMILY MEMBER A MEMBER OF HAW? _____

IF YES, PLEASE PROVIDE NAME & RELATION: _____

I certify that the statements I have provided are true and accurate. I understand the award may be used for the summer, fall or spring 2018 – 2019 terms and must be claimed by **January 18, 2019**. I agree to allow the organization to contact me in the future for recruitment or possible volunteer possibilities.

SIGNATURE _____ DATE _____