



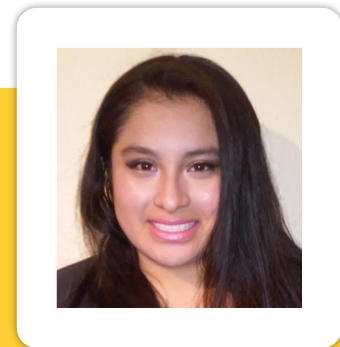
# Hispanic Scholarship 2017 – 2018 Fund

## About the Scholarship

The Community Council of Idaho, Inc. Hispanic Scholarship is a \$1,000 annual scholarship that our organization awards to nine high school students every year. This year we ask that you write an **essay or personal statement** describing your educational goals, including information that will help our selection committee understand why you need the financial assistance. For additional information or questions you may contact the Scholarship Fund Cabinet Chairwoman, Korene C Gonzalez at 208.453.3100.

## Submitted Packet

- Filled out application (attached)
- Three (3) letters of recommendation
- Copy of High School transcripts
- 2016 Tax Return
- One-page essay or personal statement
- Mailed to: **317 Happy Day Blvd  
Suite 250  
Caldwell, ID 83607**



It's been such a wonderful journey. CC Idaho has not only introduced me to the Hispanic Healthcare & Technology Conference but gave me the opportunity to raise enough funds and attend the national NCLR, La Raza Leadership Conference in Orlando, FL. I am so blessed to have not only received financial support from CC Idaho, being awarded the Hispanic Scholarship, but the opportunity to grow, learn, and feel supported.

Thank you CC Idaho.

Beatrice Santiago

## Important Dates

**April 15, 2017**

All applications are due

**May 15, 2017**

Recipients chosen

**June 1, 2016**

All Recipients have been notified

**August 2017**

Classes begin & recipients enter  
College | University

## Student Information

Please fill out this form to the best of your ability. All applicants must submit a copy of his/her high school transcript and a one-page essay or personal statement. Failure to do so will disqualify the applicant from consideration. Applicants must fulfill the following requirements:

- Be resident of Idaho
- Be a college freshman in Fall 2017
- Pursue an academic course of study
- Be of Hispanic origin
- Have a minimum 2.5 GPA
- Have not received this scholarship in prior years

Full Name: _____	Telephone: (    )    - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Address: _____	
City: _____	ST & Zip: _____
Name of college or university you plan to attend: _____	
GRAD Date:    /    /    GPA: _____	
Proposed course of study: _____	
Have you been officially accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list references (teachers, friends, educators, etc) who can best address your accomplishments, qualifications, and potential for pursuing post secondary educational opportunities. Letters of recommendation must be attached.	
1. _____	
2. _____	
3. _____	

## Family Information

Total Annual Family Income: \$ _____	Total # of household members: _____
(Please provide copy of 2016 Tax Return)	
Father's Occupation: _____	
Mother's Occupation: _____	
Spouse's Occupation (if applicable): _____	
Have you applied for other financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received other financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify: _____	

I certify that the above information is TRUE to the best of my knowledge, and may be verified by the Community Council of Idaho, Inc.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature