

Community Council of Idaho

Hispanic Student Scholarship Program

# APPLICATION



# PACKET

*Community Council of Idaho, Inc. Preserving Families,  
Renewing Lives.*

Dear Applicant:

The Community Council of Idaho, Inc. 2010-11 Hispanic Scholarship Application is on the reverse side of this letter. Please read the application carefully and fill in all the required information.

It is your responsibility to assure the application is complete including letters of reference, tax returns and high school transcript; and that all materials are received in this office no later than April 15, 2010. **INCOMPLETE APPLICATIONS WILL BE REJECTED.** Successful applicants will be notified after May 15, 2010.

We also ask that you submit a one page letter or personal statement describing your educational goals and including information that will help members of our selection committees understand why you need the financial assistance. If you have any questions please free to contact me directly.

Sincerely,

*Korene Gonzalez*  
Korene C. Gonzalez  
Employment &  
Training Director



Please complete all required application materials, requested references, and request appropriate High School Transcript information to be forwarded to:

Community Council of Idaho, Inc.  
317 Happy Day Boulevard, Suite #250  
Caldwell, Idaho 83607

Attn: Hispanic Student Scholarship Program



COMMUNITY COUNCIL OF IDAHO, INC.  
2010-11 HISPANIC SCHOLARSHIP FUND APPLICATION  
Student Information

NAME: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
Grade Point Average: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

NAME OF IDAHO COLLEGE OR UNIVERSITY CHOICE: \_\_\_\_\_

Have you been officially accepted? \_\_\_ Yes \_\_\_ No

If yes, to what institution: \_\_\_\_\_

Proposed Course of Study: \_\_\_\_\_

*Family Information*

TOTAL NUMBER OF CURRENT HOUSEHOLD MEMBERS: \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Total Annual Family Income: \$ \_\_\_\_\_ (Please provide a copy of 2009 Tax Return)

1. Have you applied for other assistance? \_\_\_ Yes \_\_\_ No
2. Have you received other financial assistance? \_\_\_ Yes \_\_\_ No  
If yes, please specify: \_\_\_\_\_

*References*

Please list three (3) references (teachers, friends, ministers, etc.) who can best address your scholastic accomplishments, qualifications and potential for pursuing post secondary educational opportunities. Their letters of reference should be mailed to: Community Council of Idaho, Inc., Hispanic Scholarship Fund, 317 Happy Day Blvd., Suite 250, Caldwell, ID 83607

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

All applicants must submit a copy of his/her High School transcript as well as a personal statement. Failure to do so will disqualify applicant from consideration. Applicants also must

- Be a Resident of Idaho
- Be a College Freshman in 2010
- Not have received CCIIdaho Hispanic Scholarship in any prior years
- Pursue an academic course of study
- Be of Hispanic Origin
- Have a minimum 2.5 GPA

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.

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**Student Essay**