

INDIANA LATINO INSTITUTE

# SCHOLARSHIP PROGRAM



2018

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LATINO  
INSTITUTE



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## About

The **Indiana Latino Institute (ILI) Scholarship** was created as a means to address the underrepresentation of Latinos in post-secondary education. The goal is to encourage Latino students in Indiana to pursue higher education and engage in community service. In order to accomplish this goal, ILI will provide scholarships for the 2018-2019 academic year.

## Eligibility:

- Students must be planning to enroll in a minimum of 6 credit hours per semester in the 2018-2019 academic year
- Students must be between the ages of 17 and 25 at the time of submitting application
- Demonstrate academic achievement (minimum 2.7 GPA on 4.0 scale)
- Demonstrate financial need
- Document ongoing community service involvement
- Preference given to Latino students residing in Indiana who are first generation college students

## Deadline:

All application materials must be **emailed or postmarked** to the address below by **May 31, 2018**.

## Notification:

Award letters will be sent to scholarship recipients by **July 13, 2018**.

Scholarship recipients are required to enroll in the ILI College Coaching program and to volunteer at the ILI Annual Luncheon.

## Send Applications to:

Attn: Indiana Latino Scholarship Committee  
Indiana Latino Institute  
401 W. Michigan Street, Suite 100  
Indianapolis, IN 46202

## Scholarship Application Checklist:

- Completed Application Form
  - Financial Need Form
  - Copy of FAFSA (if filed)
- Community Service, Extracurricular Activities, and Work Experience List
- Essay/Personal Statement
- Official transcript from current high school or college
- One letter of recommendation from a teacher/professor, guidance counselor/advisor, or community service supervisor in a sealed envelope.

## Questions

Questions about the scholarship should be directed to Danielle Davis, Education Program Coordinator, at **ddavis@indianalatinoinstitute.org** or **(317) 472-1055**

# 2018 SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name:

Date of birth:

Place of Birth:

Ethnicity/Latino Heritage:

Permanent Address:

City:

State:

Zip Code:

Primary Phone:

Alternate Phone:

## EMERGENCY CONTACT

Name:

Address:

City:

State:

Zip Code:

Relationship:

Primary Phone:

Alternate Phone:

## EDUCATIONAL BACKGROUND

Name of high school enrolled/graduated:

City, State, and Zip Code:

Graduation Date:

GPA:

Type of Degree Attained (Core 40, Academic Honors, GED, etc.):

Have you ever attended any ILI Events?  Yes  No

If Yes, please specify (Legislative Breakfast, Education Summit, etc.):

Are you enrolled in ILI's College Coaching program?  Yes  No

Are you a first-generation college student? \*  Yes  No

\*First generation college student is defined as a student with neither parent having any education beyond high school.

What college or university are you planning on or currently attending?

Student ID (College, if applicable):

Course of Study (Major):

What is your expected date/year of graduation?

Estimated cost of post-secondary tuition in 2018-2019:

Have you decided your future career interest or occupation?  Yes  No

If Yes, please specify:

## COMMUNITY SERVICE, EXTRACURRICULAR ACTIVITIES, AND WORK EXPERIENCE

Please submit a list of community service, volunteer work, club participation, sports, work, etc. Be sure to include dates of involvement, leadership positions held, and time commitment of each activity. Be sure to properly identify each activity as either volunteer or paid.

## ESSAY/PERSONAL STATEMENT

Write an essay to tell us more about yourself and your goals or interests in your field of study. Include information about how your ethnic origin, academic journey, financial need, or other barriers have influenced your goals or motivated you to pursue a degree. Essay must be 1-2 pages, single spaced, typed, 12-point font size, Times New Roman font and must be written in English.

# ILI FINANCIAL NEED FORM

## Section A — Student Information:

Are you currently employed?  Yes  No

Do you plan to work during the 2018-2019 academic year?  Yes  No

On average, how many hours per week do you work? \_\_\_\_\_

Which best describes your living situation (or anticipated living situation) while in college?

Dorms/On-Campus  With Parents  Off-Campus  Other: \_\_\_\_\_

Monthly Housing Costs: \_\_\_\_\_

## Section B — Family Information:

Total number of people who live in your household (Include all of the people living with you): \_\_\_\_\_

Indicate the **ages** and your **relationship (father, mother, sibling, cousin, grandparent, etc.)** with **all** of the people living in your family's household:

Name	Relationship	Age	Enrolled in college for 2017-2018 academic year?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

How many of the above family members will attend college as a full time undergraduate student during the 2017-2018 academic year? \_\_\_\_\_

How many of the above family members are employed? \_\_\_\_\_

## Section C —Financial Information: (Do not leave any spaces blank).

Income earned from work by father in 2017: \$ \_\_\_\_\_

Income earned from work by mother in 2017: \$ \_\_\_\_\_

Income earned by student in 2017: \$ \_\_\_\_\_

Does the family qualify for Public Assistance Program?  Yes  No

Did the family complete an Income Tax Return for last year?  Yes  No

What was the family's taxable household income for 2017? \$ \_\_\_\_\_

How many persons were dependent upon your household income for this past year? \_\_\_\_\_

Please explain and list any income not listed above (TANF, disability, child support, etc.):

\_\_\_\_\_

Are you enrolled in the 21<sup>st</sup> Century Scholars program?  Yes  No

Are you eligible to apply for the Free Application for Federal Student Aid (FAFSA)?  Yes  No

If yes, have you applied for FAFSA for the 2018-2019 academic year?  Yes  No  N/A

**(Please include a copy of your FAFSA if you have applied.)**

Did you receive any institutional aid from the college/university you plan to attend?  Yes  No  
 If yes, how much did you receive? \_\_\_\_\_

Have you applied for any other scholarships?  Yes  No

Please list all scholarships you have applied for below:

Name of Scholarship	Award Amount	Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Anticipated College/University Payment Plan:

Contribution from parents: \$ \_\_\_\_\_  
 Contribution from student: \$ \_\_\_\_\_  
 College/University Scholarship: \$ \_\_\_\_\_  
 Private Scholarships: \$ \_\_\_\_\_  
 Government Grants: \$ \_\_\_\_\_  
 Other (Please identify source): \$ \_\_\_\_\_

**I have read and understand all the questions contained in this application. I certify that all the information that I have provided is complete and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for refusing or revoking the granted scholarship.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date Signed