

INDIANA LATINO INSTITUTE

SCHOLARSHIP PROGRAM



2019

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LATINO
INSTITUTE**



2019 SCHOLARSHIP PROGRAM

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 2019-2020 academic year.

Eligibility:

- Students must be planning to enroll in a minimum of 6 credit hours per semester in the 2019-2020 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, 2019**.

Notification:

Award letters will be sent to scholarship recipients by **July 13, 2019**.

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 Rachel Santos, Education Program Coordinator, at **rsantos@indianalatinoinstitute.org** or **(317) 472-1055**

2019 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 2019-2020:

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 2019-2020 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 2019-2020 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 2019-2020 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 2018: \$ _____

Income earned from work by mother in 2018: \$ _____

Income earned by student in 2018: \$ _____

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 2018? \$ _____

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 21st 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 2019-2020 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