

# New York League of Puerto Rican Women, Inc. College Award Application

**Part I – Application**

Please print or type all information.

Last Name	First Name	Middle Name		
Address	Apt.	City	State	Zip Code
Home Tel. _____	Cell # _____	Email: _____		
Birth Date: Month _____ Day _____ Year _____	Birth Place: City _____		State _____	Country _____
Mother's Birthplace: City _____		State _____	Country _____	
Father's Birthplace: City _____		State _____	Country _____	
Maternal Grandmother's Birthplace: City _____		State _____	Country _____	
Maternal Grandfather's Birthplace: City _____		State _____	Country _____	
Paternal Grandmother's Birthplace: City _____		State _____	Country _____	
Paternal Grandfather's Birthplace: City _____		State _____	Country _____	

List chronologically institutions attended regardless of the length of time at each:

College	Major	GPA	
Dates Attended	Degree Expected	Expected Date of Graduation	Credits Completed

Other

List any partial or full scholarships, honors, fellowships or awards you have received with amounts and dates:

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List internships/extracurricular activities/volunteer work/community services in which you have participated.

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If presently working, attach your resume: Part-Time[  ] Full-time [  ]

Business Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List names and addresses of the two persons from whom you have requested letters of recommendation: PLEASE PRINT

Name Address City State Zip Code Email Address

Name Address City State Zip Code Email Address

Part II – Essay – Print/Type Describe your educational and career goals; explain what this college award means to you and how you will utilize it. You may continue on a separate typed-written page.

I have reviewed the above information, and it is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to the address given below and to Rozmed@aol.com: 1) completed application 2) Work Resume 3) College Transcript (4) Two letters of recommendation from a Professor, College Advisor, employer or supervisor, and 5) a picture of yourself for inclusion in our Commemorative Dinner-Dance Journal. The College Award Committee will review only those completed applications that are submitted in compliance with the requirements listed above and below. An eligible candidate 1. must be currently matriculated as an undergraduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits. 2. must maintain a minimum GPA of 3.0 with no failing grades. 3) must demonstrate service to the community.

Mail completed application to:

Dara Lustgarten, President, NYLPRW, INC.  
227 13<sup>th</sup> Street, Suite B4  
Palisades Park, NJ 07650-2066

# New York League of Puerto Rican Women, Inc. College Award Application

Letter of Recommendation

Please Mail To: Dara Lustgarten, President, NYLPRW, INC.  
227 13<sup>th</sup> Street, Suite B4  
Palisades Park, New Jersey 07650-2066

Print Applicant's Name: \_\_\_\_\_

### THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for an award that is given annually to undergraduate Puerto Rican women. We would appreciate your impressions of the applicant's intellectual abilities and individual qualities that may distinguish her from her peers. Please comment on this applicant's character and overall promise. If more space is required, please continue on the back of this form. PLEASE PRINT OR TYPE ALL INFORMATION.

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How long have you known the applicant?	What is your relationship to the applicant?
Please rate the applicant in overall promise. (Check one):	Below average _____ Average _____
Above average _____ Outstanding _____	Exemplary _____ Unable to Rate _____

Your Position or Title	School or Company
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Address	City	State	Zip Code
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Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Email Address: \_\_\_\_\_

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How long have you known the applicant? \_\_\_\_\_ What is your relationship to the applicant? \_\_\_\_\_  
Please rate the applicant in overall promise. (Check one): Below average \_\_\_\_\_ Average \_\_\_\_\_  
Above average \_\_\_\_\_ Outstanding \_\_\_\_\_ Exemplary \_\_\_\_\_ Unable to Rate \_\_\_\_\_

Your Position or Title \_\_\_\_\_ School or Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Email Address: \_\_\_\_\_

