

New York League of Puerto Rican Women, Inc. Scholarship Application

Part I – Application

Please print or type all information.

Last Name	First Name	Middle Name
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Address	Apt.	City	State	Zip Code
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Home Tel. _____	Cell # _____	Email: _____
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Birth Date: Month _____	Day _____	Year _____	Birth Place: City _____	State _____	Country _____
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Mother's Birthplace: City _____	State _____	Country _____
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Father's Birthplace: City _____	State _____	Country _____
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Maternal Grandmother's Birthplace: City _____	State _____	Country _____
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Maternal Grandfather's Birthplace: City _____	State _____	Country _____
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Paternal Grandmother's Birthplace: City _____	State _____	Country _____
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Paternal Grandfather's Birthplace: City _____	State _____	Country _____
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List chronologically institutions attended regardless of the length of time at each:

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

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

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 completed Scholarship Application to: Eunice Santiago, President, NYLPRW, INC.
P. O. Box 60337, Brooklyn, New York 11206-0337

- 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 Gala Journal. The Scholarship Committee will review only those completed applications that are submitted in full 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.

**Email completed application with your picture to:
Eunice_nylprw@yahoo.com & to lynettepm@gmail.com**

New York League of Puerto Rican Women, Inc.

Scholarship Application

Letter of Recommendation

Please Mail To: Eunice Santiago, President, NYLPRW, INC.
P. O. Box 60337, Brooklyn, New York 11206-0337

Print Applicant's Name: _____

THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for a scholarship that is awarded annually to undergraduate Puerto Rican/Hispanic 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.

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: _____

New York League of Puerto Rican Women, Inc. Scholarship Application

Letter of Recommendation

Please Mail To: Eunice Santiago, President, NYLPRW, INC.
P. O. Box 60337, Brooklyn, New York 11206-0337

Print Applicant's Name: _____

THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for a scholarship that is awarded annually to undergraduate Puerto Rican/Hispanic 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.

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Your Position or Title _____

School or Company _____

Address _____

City _____

State _____

Zip Code _____

Telephone #: _____ Signature: _____ Date: _____

Print Name: _____

Print Email Address: _____



New York League of Puerto Rican Women, Inc.

NYLPRW