

"EDUCATE A WOMAN, AND YOU EDUCATE A FAMILY."

Dear Candidate,

We are currently accepting applications for our 2024 Scholarships. These financial awards are granted annually to Puerto Rican/ Hispanic women selected for their academic excellence and service to the community.

To be eligible, applicants must complete the application and comply with all 7 of the requirements listed below:

- 1. Must be currently matriculated as a college student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits and a GPA of 3.0 with no failing grades and not receiving any aid.
- 2. Submit a resume.
- 3. Submit an essay written meticulously and include the applicant's educational, career goals and demonstrate service to the community.
- 4. Must provide an official college transcript.
- 5. Provide two (2) letters of recommendation from a professor, college advisor, employer, minister, or supervisor. This can be emailed to president@nylprw.org.
- 6. Submit a 4" by 6" (minimum size) color headshot photo in high resolution, jpeg format of the applicant in appropriate business casual or professional attire, with a neutral background, for inclusion in our Commemorative Gala Journal.
- 7. Must be available to meet with the scholarship committee.

The Scholarship Committee will review <u>only</u> those applications that comply with <u>ALL</u> of the above seven (7) requirements. This scholarship is also open to residents of Puerto Rico. Please send completed application by mail no later than the deadline date of <u>Friday</u>, <u>May 24, 2024 to:</u>

NEW YORK LEAGUE OF PUERTO RICAN WOMEN, INC. P. O. Box 60337 Brooklyn, NY 11206-0337

If you have any questions regarding the application process please feel free to email: info@nylprw.org

Sincerely,

Eunice Santiago, President

P.O. Box 60337 Brooklyn, NY 11206 Tel: 917-426-5987 PRESIDENT@NYLPRW.ORG
INFO@NYLPRW.ORG
WWW.NYLPRW.ORG



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SCHOLARPSHIP APPLICATION

Part 1- Application Please	print or type all i	information.			
First Name:	Middle	Name Las	st Name(s)		
Address:	AĮ		y	State	Zip Code
Home Tel.	Cell #		Ema	il:	
Birth Date: MonthDayYear	Birth Pla	ce: City		State	_Country
Mother's Birthplace: City		State		Country	
Father's Birthplace: City		State	<u> </u>	_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_	
If presently working, attach your re	sume:	Part-Time		Full-time	
Business Name			Tel.		
Address		City	State	Zip Co	<u>de</u>



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Part II- Institutions attended.

List chronologically ins	titutions attended regard	lless of the length of time at each:	
College		Major	<u>GPA</u>
Dates Attended	Date Ended	Expected Date of Graduation	Credits Completed
College		<u>Major</u>	<u>GPA</u>
Dates Attended	Date Ended	Expected Date of Graduation	Credits Completed
List any <u>partial</u> or <u>full s</u> amounts and dates:	scholarships, honors, fello	owships, financial aid, PELL, Grants or a	wards you have received wit
List internships/extracu	ırricular activities/volunt	eer work/community services in which y	ou have participated.
If sengrate nage is need.	ed nlease feel free to add	additional details on a blank page)	



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



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Part IV- List of References

Name	Title	Email Address
Name	Title	Email Address
Name	Title	Email Address
I have reviewed the above informa	tion, and it is true and complete t	to the best of my knowledge.
Signature:		Date:

Send completed Scholarship Application with requested documents via regular mail to:

New York League of Puerto Rican Women, Inc.

C/O: Eunice Santiago, President

P. O. Box 60337, Brooklyn, New York 11206-0337

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